GCMO #8, DA, HQ, VII COSCOM, 20 Feb 72 (Cont'd)

Specification 2: In that Private E-2 Thomas H. Carter, US Army, 663d Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, commit an assault upon Private Stanley N. Bjorkman by cutting him with a dangerous weapon, to wit: a knife.

Specification 3: In that Private E-2 Thomas H. Carter, US Army, 663rd Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, commit an assault upon Mark W. Byrd by pointing at him with a dangerous weapon, to wit: a knife.

Specification 4: In that Private E-2 Thomas H. Carter, US Army, 663d Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, commit an assault upon Specialist Four Richard Mayfield by kicking and striking him about the body with means likely to produce grievous bodily harm, to wit: shodded feet and fist.

Specification 5: In that Private E-2 Thomas H. Carter, US Army, 663rd Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, commit an assault upon Specialist Four Kenneth Devilbiss by kicking him about the body with a means likely to produce harm, to wit: shodded feet.

Specification 6: In that Private E-2 Thomas H. Carter, US Army, 663rd Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, unlawfully strike Private David E. Pollard on the body with his fist.

Charge IV: Violation of the Uniform Code of Military Justice, Article 91

Specification 1: In that Private E-2 Thomas H. Carter, US Army, 663rd Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, was disrespectful in language toward Chief Warrant Officer Theodore E. Elston, his superior warrant officer, who was then in the execution of his office, by saying to him, "If I had a gun I would shoot all of you," or words to that effect.

Specification 2: In that Private E-2 Thomas H. Carter, US Army, 663rd Ordnance Company, did, at Vilseck, Germany, on or about 28 August 1971, was disrespectful in language toward Chief Warrant Officer Alfred P. Marieni, his superior warrant officer, who was then in the execution of his office, by saying to him, "If I had a gun I would shoot all of you," or words to that effect.

GCMO #8, DA, HQ, VII COSCOM, 20 Feb 72 (Cont'd)

PLEAS

To all Charges and their Specifications: Not Guilty

FINDINGS

Of the Specification of Charge I: Guilty

Of Charge I: Guilty

Of the Specification of Charge II: Guilty

Of Charge II: Guilty

Of Specification 1 of Charge III: Guilty

Of Specification 2 of Charge III: Not Guilty

Of Specification 3 of Charge III: Guilty

Of Specification 4 of Charge III: Not Guilty

Of Specification 5 of Charge III: Guilty

Of Specification 6 of Charge III: Not Guilty

Of Charge III: Guilty

Of Specification 1 of Charge IV: Guilty

Of Specification 2 of Charge IV: Guilty

Of Charge IV: Guilty

SENTENCE

To be confined at hard labor for 6 years; To forfeit all pay and allowances; To be reduced to the grade of Private E-1; and To be discharged from the service with a bad conduct discharge. (No previous convictions considered)

The sentence was adjudged on 13 November 1971.

GCMO #8, DA, HQ, VII COSCOM, 20 Feb 72 (Cont'd)

ACTION

DEPARTMENT OF THE ARMY
HEADQUARTERS, VII CORPS SUPPORT COMMAND
APO 09160

20 February 1972

In the foregoing case of Private E2 Thomas H. Carter, 466-92-0888, US Army, 663d Ordnance Company, the findings are approved with the exception of the words "William Hester" in the specification of charge I and only so much of the sentence as provides for bad conduct discharge, confinement at hard labor for three years, forfeiture of all pay and allowances and reduction to the grade of Private E1 is approved. The forfeitures shall apply to pay and allowances becoming due on and after the date of this action. The record of trial is forwarded to The Judge Advocate General of the Army for review by the Court of Military Review. Pending completion of appellate review the accused will be confined in the United States Disciplinary Barracks, Fort Leavenworth, Kansas.

/s/ Anthony F. Daskevich
/t/ ANTHONY F. DASKEVICH
Brigadier General, USA
Commanding

BY COMMAND OF BRIGADIER GENERAL DASKEVICH:

OFFICIAL:

JAMES R. BATTIG
CW2, USA
Acting Asst AG

L. R. LESTER
Colonel, GS
Chief of Staff

GCMO #8, DA, HQ, VII COSCOM, 20 Feb 72 (Cont'd)

DISTRIBUTION:
1 - Accused
1 - MJ, TC, DC
5 - CO, 38th Fin Sec, APO 09176
1 - CO, 663d Ord Co, APO 09114
1 - CO, 101st Ord Bn, APO 09176
5 - CO, USAREUR & US Forces Conf Fac (Mannheim), APO 09028
12 - Commandant, United States Disciplinary Barracks, Fort Leavenworth, Kansas 66027
1 - Commanding General, Fifth Army, Ft. Sam Houston, Texas 78234
1 - CO, USAPERCEN, ATTN: AGPE-F, Ft. Benjamin Harrison, IN 46249
1 - The Provost Marshal General, DA, Wash, D.C. 20515
10 - The Judge Advocate General, DA, Wash, D.C. (Via record of trial)
5 - CO, 198th PSC, APO 09061
35 - CG, VII COSCOM, ATTN: AETSSC-JA, APO 09160
1 - CG, VII COSCOM, APO 09160

31. FOREIGN SERVICE

FROM	THROUGH	OVERSEA COMMAND	*	MONTHS	TYPE	NTC
23Jul71		USARSUR-Germany				

32. CIVILIAN EDUCATION

NAME AND LOCATION OF SCHOOL	DEGREE AND/OR MAJOR SUBJ	*	YEAR COMPLETED
Bruce HS - Gilmer, TX	Diploma		1968

SPECIAL SUBJECTS N/A

33. APPOINTMENTS AND REDUCTIONS

GRADE	DATE OF RANK	AUTHORITY
PV1 E-2	22 FEB 1971	AR601-270
PV2 E2	[illegible]	~~P1-19A AR600-200~~
PV 1	20Feb72	GCMO #8, VII COSCOM, APO, NY 09160

34. CIVILIAN OCCUPATION

MAIN OCCUPATION	JOB TITLE	DOT CODE	MOS	MONTHS EMPLOYED
	Forklift Opr, Cargo MD 2	921.883	92A20	10

DUTIES PERFORMED Moved supplies and equipment from area to area in ware house.

Cont 2

2ND OCCUPATION	JOB TITLE	DOT CODE	MOS	MONTHS EMPLOYED
	—			

DUTIES PERFORMED

35. AVOCATIONS	36. SPORTS (Specify)	AMAT	PROF	CH
—				

37. OCCUPATIONAL LICENSES OR CERTIFICATES HELD

2

EXHIBIT 31 Page 10

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Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 5 of 236 PageID 8931

CARTER, THOMAS H

466-92-0888

23C 9

DA FORM 20, 1 JAN 65 — REPLACES DA FORMS 20, 1 NOV 58 AND 21, 1 JUN 61, WHICH ARE OBSOLETE EFFECTIVE 1 APR 65. — ENLISTED QUALIFICATION RECORD (AR 600-200)

1. NAME (Last, first, middle initial) AND SERVICE NUMBER

2. GRADE	3. DATE OF RANK	4. PPD	5. ADD PAY ELIG	6. DATE OF BIRTH	7. RACE	8. DUTY MOS
PVT 1	20 FEB 71			23 JUN 51	CAUC	62M20

22. MILITARY OCCUPATIONAL SPECIALTIES

V OR R	TYPE	CODE	TITLE	DATE
	P MOS	62M20	RTF AND L OP	4 MONTHS
	MOS			
	MOS			
	MOS			

23. MOS EVALUATION SCORES

DATE OF EVAL	SCR	DATE OF EVAL	SCR	DATE OF EVAL	SCR

9. RELIGION: BAPTIST

10. MAR. STATUS and NO. DEPN: S 0

11. ENLISTED, INDUCTED, REENLISTED, EXTENDED, AND/OR OAD

COMPONENT	EFFECTIVE DATE (Day, Month, Year)	LENGTH	EXPIRATION DATE (Day, Month, Year)
AC	22 FEB 71	4 MO	22 JUN 71
ORDERED TO ACTIVE DUTY			

12. NON-CONUS RESIDENT

13. ENLISTED OR VOLUNTEERED FOR

14. RESERVE COMPONENT INFORMATION

READY RESERVE OBLIGATION EXPIRATION DATE	
DA FORM 1140 AGREEMENT EXPIRATION DATE	
RETIREMENT YEAR ENDING DATE	
SERVICE OBLIGATION EXPIRATION DATE	
CRITICAL OCCUPATION AND DOT CODE	
HOME OF RECORD	

15. RES COMM AND WO STATUS

GRADE	BRANCH	SERVICE NUMBER

DA FORM 67-5 SUBM FOR PERIOD:

16. SERVICE DATES

TYPE	DATE
BASD	22 JUN 71
BPED	22 JUN 71
DESO	
LAST PCS	22 JUN 71
FSA CODE	

24. APTITUDE TESTS

FORM	SCORE	RETEST SCORE	APTITUDE AREAS	SCORE	RETEST SCORE
VE-1B	99		IN	109	
AR-3B	84		AE	109	
SM-1B	102		EL	104	
PA-1B	57		GM	87	
ACS-5A	101		MM	112	
AI-3B	122		CL	98	
MA-5B	93		GT	89	
ELI-1B	110		RC	101	
GIT-1	95		CO-A		
CI-1	118		CO-B		
ARC-1	108				

PLACE TESTED: Ft. Polk, La. — PLACE RETESTED:
DATE TESTED: 23 FEB 1971 — DATE RETESTED:

25. OTHER TESTS

TEST	SCORE	GROUP	DATE
MOS-1	95		23 FEB 1971
OCT-			
ALAT-	AFQT	17	II

26. TRAINING RECOMMENDED

27. MILITARY EDUCATION

TITLE OF COURSE	MOS CODE	SCHOOL	WEEKS	YEAR
RTF AND L OP	62M20	Fragne	8	1971

17. PHYSICAL STATUS

P	U	L	H	E	S	CODE	DATE
1	1	1	2	2	1	P	22 FEB 71

HEIGHT: 5 FT. 10 IN. — WEIGHT: 150 LBS. — GLASSES: ☐ YES ☑ NO

28. SPECIALIZED TRAINING

TYPE	WEEKS	COMPLETED
UCMJ		24 FEB 71
RFTS OF NON-DISCR		22 FEB 71
ATP 21-114	2	23 APR 1971
CODE OF CONDUCT		23 APR 71
KR CER TNG	1	10 MAR 1971
GENEVA CONV		30 APR 71

29. QUALIFICATION IN ARMS

WEAPON	COURSE	QUAL	SCORE	DATE
M16		EXP	28	29 APR 71

18. ASSIGNMENT LIMITATIONS

19. INVESTIGATIONS AND CLEARANCES

ENTNAC COMPLETED 05 APR 71 DOD NAC

Cert Comp 22 Feb 71

20. BIRTHPLACE AND CITIZENSHIP

SELF	Gilmer, TX.	US
SPOUSE	NONE	
FATHER	Gilmer, TX.	US
MOTHER	Gilmer, TX.	US Decd.

21. RESIDENCE IN FOREIGN COUNTRY

LAST YEAR	COUNTRY	LENGTH

30. LANGUAGES (Specify)

	INTER.	TRANS.	SPK ABIL	SPK SCR	READ ABIL	READ SCR	DATE OF TEST AND/OR INTERVIEW	DATE DA FORM 330 SUBMITTED

* Space reserved for future coding

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Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 6 of 236 PageID 8932

2. GRADE	3. DATE OF RANK	4. PPD	5. ADD PAY ELIG	6. DATE OF BIRTH	7. RACE	8. DUTY MOS
E-1	[illegible]			[illegible]		

38. RECORD OF ASSIGNMENTS

EFFECTIVE DATE	DUTY MOS	PRINCIPAL DUTY	ORGANIZATION AND STATION OR THEATER	CONDUCT	EFFICIENCY	REASON
22 FEB 1971			USARECSTA FT POLK, LA. 71459	—	—	—
1 MAR 1971	05H20	BASIC COMBAT TRAINING	CO D 2d BN 1ST TNG BDE FT POLK LA	EXC	EXC	PCS
23 APR 1971		CASUAL	ENROUTE TO FT LEONARD WOOD, MO	EXC	EXC	PCS
24APR71	62M20	ATT	CO. C, 1st Bn 4th AitBdeUSATCFLWMO	EXC	EXC	PCS
19Jul71	—	CASUAL	EnRoute USAREUR	—	—	—
26Jul71			663rd Ord Co USAREUR			
8Jan72		CNF	CHD USDB (SF-W21B1A) Ft. Leav, KS			
730611		Bd Conduct Discharge - DD form 259A				

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39. CAMPAIGNS

DESIGNATION	AUTHORITY

41. AWARDS AND DECORATIONS

TYPE	*	AUTHORITY	ISSUED
GUSM		AR-672-5-1	YES
EXP QUALIFICATION		SO 095 HQ 6TH ARTY, 07 MAR 71	YES

40. WOUNDS

BRIEF DESCRIPTION	DATE

42. REMARKS

03 REF: Thailand
CONUS - TX.

Not elig for reenl - ~~RE-4~~

44. TIME LOST UNDER SECTION 972, TITLE 10, UNITED STATES CODE AND SUBSEQUENT TO NORMAL DATE ETS

FROM	TO (Inc)	DAYS	REASON
30 Aug 71	7306 11		CNF

45. ITEM CONTINUATION

ITEM NO.	DATA

43. INSERTS 14 12

DATE DA FORM 20A FOR CONTINUATION OF ITEMS ON BASIC DA FORM 20 ADDED

DATE DA FORM 20B RECORD OF COURT-MARTIAL CONVICTION ADDED

46. SUBMISSION OF DUPLICATE DA FORM 20 AND REPORT OF CHANGES

DATE DUPL DA FORM 20 SUBMITTED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92

47. SIGNATURE OF INDIVIDUAL (Name, grade and date)

X James J. Carter
PVT 26 Feb 71

48. DATE OF AUDIT

22 JUL 71

GPO : 65 O - 782-703

4

EXHIBIT 31 Page 13

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 8 of 236 PageID 8934

INSERT SHEET #1

CARTER, THOMAS H.

466-92-0888

INSERT SHEET TO DA FORM 20
RECORD OF COURT-MARTIAL CONVICTION

For use of this form, see AR 600-200; proponent agency is Office of Personnel Operations.

NAME (Last, first, middle initial) AND SERVICE NUMBER

49. TYPE COURT MARTIAL	a. NUMBER	b. HEADQUARTERS	c. ARTICLE
GENERAL	8	HQ VII COSCOM, APO, NY 09160	116, 121, 128, 91

50. SYNOPSIS OF SPECIFICATIONS, INCLUDING DATE OF OFFENSE

OA 28 Aug 71 - Rioting
OA 28 Aug 71 - Commit Larceny
OA 28 Aug 71 - On 3 Occasions Commit Aggr Aslt
OA 28 Aug 71 - On 2 Occasions Disrespect to Supr Warrant Off (2)

51. SENTENCE AS APPROVED, INCLUDING DATE ADJUDGED AND DATE APPROVED

CHL 3 yrs, TOTFORF of All Pay & Allowances, BCD-ex

Adjd: 13 Nov 71 Appr: 20 Feb 72

52. I CERTIFY THAT THE FOREGOING IS CORRECT (Signature and typed or printed name, grade, organization)

RICHARD A. ROSEN, 1LT, MPC, USDB

53. ALTERATION, SUSPENSION, REMISSION, SETTING ASIDE OF TRIAL RESULTS PER[1] collected port of forf in excess of $160 per mo per GCMO 376, HQ USDB Ft Leavenworth, KS 5 Apr 72

[1] Delete words not applicable

54. SIGNATURE & TYPED OR PRINTED NAME, GRADE, ORG

RICHARD A. ROSEN, 1LT, MPC, USDB

55. ORDERS SUSPENDING SENTENCE VACATED PER

56. SIGNATURE & TYPED OR PRINTED NAME, GRADE, ORG

49. TYPE COURT MARTIAL	a. NUMBER	b. HEADQUARTERS	c. ARTICLE

50. SYNOPSIS OF SPECIFICATIONS, INCLUDING DATE OF OFFENSE

51. SENTENCE AS APPROVED, INCLUDING DATE ADJUDGED AND DATE APPROVED

52. I CERTIFY THAT THE FOREGOING IS CORRECT (Signature and typed or printed name, grade, organization)

53. ALTERATION, SUSPENSION, REMISSION, SETTING ASIDE OF TRIAL RESULTS PER[1]

[1] Delete words not applicable

54. SIGNATURE & TYPED OR PRINTED NAME, GRADE, ORG

55. ORDERS SUSPENDING SENTENCE VACATED PER

56. SIGNATURE & TYPED OR PRINTED NAME, GRADE, ORG

49. TYPE COURT MARTIAL	a. NUMBER	b. HEADQUARTERS	c. ARTICLE

50. SYNOPSIS OF SPECIFICATIONS, INCLUDING DATE OF OFFENSE

51. SENTENCE AS APPROVED, INCLUDING DATE ADJUDGED AND DATE APPROVED

52. I CERTIFY THAT THE FOREGOING IS CORRECT (Signature and typed or printed name, grade, organization)

53. ALTERATION, SUSPENSION, REMISSION, SETTING ASIDE OF TRIAL RESULTS PER[1]

[1] Delete words not applicable

54. SIGNATURE AND TYPED OR PRINTED NAME, GRADE, ORG

55. ORDERS SUSPENDING SENTENCE VACATED PER

56. SIGNATURE & TYPED OR PRINTED NAME, GRADE, ORG

1443

DA FORM 1 JAN 65 20B

REPLACES DA FORM 20, 1 NOV 54, WHICH IS OBSOLETE EFFECTIVE 1 APR 65.

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Standard Form 88
Revised April 1960
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

88-117

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CARTER, THOMAS HENRY	Cadet	466-92-0888

4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
3403 Seevers Dallas, TX 75212	Induction	22 Feb 71

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Negro	0	0		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
23 Jan 51	Gilmer, TX	Dennie Mae Carter (Sister) 3403 Seevers Ave

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES, DALLAS, TX	A1-26-51-93

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	Check each item in appropriate column; enter "N.E." if not evaluated.	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0 — Restorable teeth; / — Non-restorable teeth; X — Missing teeth; (X) — Replaced by dentures; (/) — Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	FEB 22 1971
C. SUGAR		TB/M/CHEST FILM NO.

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
NON REACTIVE			NEG, DALLAS, TEXAS

1414

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
69½	188	BLACK	BROWN	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 120 DIAS. 74	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. CX	J-1	CORR. TO BY
LEFT 20/ 20	CORR. TO 20/	BY	S. CX	J-1	CORR. TO BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	RG	VG

62. ACCOMMODATION		64. COLOR VISION (Method used and results)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	WNL PSEUDOISOCHROMATIC		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	/15		250 cps	500 cps	1000 cps	2000 cps	3000 cps	4000 cps	6000 cps	8000 cps
LEFT WV	/15 SV	/15	RIGHT		15	15	15	15	15		
			LEFT		15	15	15	15	15		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

7c-17-Tw
AQB - Acc

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINER (Check)

A. ☑ IS QUALIFIED FOR INDUCTION
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY 1

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A.	B.	C.	E.

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
W. L. TIMMONS, LT, MC, USN — SIGNATURE — NUMBER OF ATTACHED SHEETS

☆ U.S. GOVERNMENT PRINTING OFFICE : 1969 O—339-940

Standard Form 89
(Rev. March 1965)
Bureau of the Budget
Circular A-32

REPORT OF MEDICAL HISTORY

23C-7

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

89-106-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
CARTER, THOMAS HENRY		466-92-0888
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
3403 Beevers Dallas TX	Induction	22 Feb 71

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Neg	0	0		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
23 Jan 51	Gilmer, TX	Pearlie Mae Carter (sister) 3403 Beevers Rec

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES DALLAS TX	46-26-51-93

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS *(Follow by description of past history, if complaint exists)*

Good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	52	Good		
MOTHER		Dead	Blood Pressure	31
SPOUSE				
BROTHERS AND SISTERS	20	Good		
CHILDREN				

19. HAS ANY BLOOD RELATION OR HUSBAND OR WIFE *(Parent, brother, sister, other)*

YES	NO	*(Check each item)*	RELATION(S)
	✓	HAD TUBERCULOSIS	
	✓	HAD SYPHILIS	
	✓	HAD DIABETES	
	✓	HAD CANCER	
	✓	HAD KIDNEY TROUBLE	
	✓	HAD HEART TROUBLE	
	✓	HAD STOMACH TROUBLE	
	✓	HAD RHEUMATISM *(Arthritis)*	
	✓	HAD ASTHMA, HAY FEVER, HIVES	
	✓	HAD EPILEPSY *(Fits)*	
	✓	COMMITTED SUICIDE	
	✓	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW *(Place check at left of each item)*

YES	NO	*(Check each item)*	YES	NO	*(Check each item)*	YES	NO	*(Check each item)*	YES	NO	*(Check each item)*
	✓	SCARLET FEVER, ERYSIPELAS		✓	GOITER		✓	TUMOR, GROWTH, CYST, CANCER		✓	"TRICK" OR LOCKED KNEE
	✓	DIPHTHERIA		✓	TUBERCULOSIS		✓	RUPTURE / HERNIA		✓	FOOT TROUBLE
	✓	RHEUMATIC FEVER		✓	SOAKING SWEATS *(Night sweats)*		✓	APPENDICITIS		✓	NEURITIS
	✓	SWOLLEN OR PAINFUL JOINTS		✓	ASTHMA		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS *(Inc. infantile)*
	✓	MUMPS		✓	SHORTNESS OF BREATH		✓	FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS
	✓	COLOR BLINDNESS		✓	PAIN OR PRESSURE IN CHEST		✓	KIDNEY STONE OR BLOOD IN URINE		✓	CAR, TRAIN, SEA, OR AIR SICKNESS
	✓	FREQUENT OR SEVERE HEADACHE		✓	CHRONIC COUGH		✓	SUGAR OR ALBUMIN IN URINE		✓	FREQUENT TROUBLE SLEEPING
	✓	DIZZINESS OR FAINTING SPELLS		✓	PALPITATION OR POUNDING HEART		✓	BOILS		✓	FREQUENT OR TERRIFYING NIGHTMARES
	✓	EYE TROUBLE		✓	HIGH OR LOW BLOOD PRESSURE		✓	VD-SYPHILIS, GONORRHEA, ETC.		✓	DEPRESSION OR EXCESSIVE WORRY
	✓	EAR, NOSE OR THROAT TROUBLE		✓	CRAMPS IN YOUR LEGS		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY OR AMNESIA
	✓	RUNNING EARS		✓	FREQUENT INDIGESTION		✓	ARTHRITIS OR RHEUMATISM		✓	BED WETTING
	✓	HEARING LOSS		✓	STOMACH, LIVER OR INTESTINAL TROUBLE		✓	BONE, JOINT, OR OTHER DEFORMITY		✓	NERVOUS TROUBLE OF ANY SORT
	✓	CHRONIC OR FREQUENT COLDS		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LAMENESS		✓	ANY DRUG OR NARCOTIC HABIT
	✓	SEVERE TOOTH OR GUM TROUBLE		✓	JAUNDICE		✓	LOSS OF ARM, LEG, FINGER, OR TOE		✓	EXCESSIVE DRINKING HABIT
	✓	SINUSITIS		✓	ANY REACTION TO SERUM, DRUG OR MEDICINE		✓	PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓	HOMOSEXUAL TENDENCIES
	✓	HAY FEVER		✓	HISTORY OF BROKEN BONES		✓	BACK TROUBLE OF ANY KIND		✓	PERIODS OF UNCONSCIOUSNESS
	✓	HISTORY OF HEAD INJURY									
	✓	SKIN DISEASES									

21. HAVE YOU EVER *(Check each item)*				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
	WORN GLASSES—CONTACT LENS		ATTEMPTED SUICIDE		BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
	WORN AN ARTIFICIAL EYE		BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
	WORN HEARING AIDS		LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
	STUTTERED OR STAMMERED		COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
	WORN A BRACE OR BACK SUPPORT		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION	QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU *(Check one)*
20	11 months	Warehouse man	☑ RIGHT HANDED ☐ LEFT HANDED

14 10

YES	NO	EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS *(If yes, give reasons)*
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? *(If yes, give details)*
	✓	30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? *(If yes, state reason and give details)*
	✓	31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? *(If yes, describe and give age at which occurred)*
	✓	32. HAVE YOU EVER BEEN A PATIENT *(Committed or voluntary)* IN A MENTAL HOSPITAL OR SANITORIUM? *(If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)*
	✓	33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? *(If yes, specify when, where, and give details)*
	✓	34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? *(If yes, give complete address of doctor, hospital, clinic, and details)*
	✓	35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? *(If yes, which illnesses)*
	✓	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? *(If yes, give date and reason for rejection)*
	✓	37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? *(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)*
	✓	38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? *(If yes, specify what kind, granted by whom, and what amount, when, why)*

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Carter Thomas	Thomas Henry Carter

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician shall comment on all positive answers in items 20 thru 38)*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	1971		

☆ U.S. GOVERNMENT PRINTING OFFICE : 1957 O—457-459

1417

Standard Form 88
Revised April 1960
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Coffee Thomas C.	E-1	[redacted]
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
[redacted]		

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	W				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
1-22-51	[redacted]	[redacted]

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USDB	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Year)	LAST SIX MONTHS

CLINICAL EVALUATION

NOR-MAL	(Check each item, appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Incl. A.C. and B.C. hearing under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth (0) — Non-restorable teeth (I) — Missing teeth (X) — Replaced by dentures — Fixed Partial dentures

R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L E F T
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X															X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class II

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.032	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	0	
C. SUGAR	0	
D. MICROSCOPIC	Neg	Neg

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Neg		A+	Neg

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
5'10"	189	BLK	BRN	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	98.C

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 130 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 72	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/	CORR. TO 20/ 20	BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/ 20	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA (Specify distance)

25 | ☒ | R. H. | L. H. | PRISM DIV. | PRISM CONV. | PC | 20

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT			CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV	/15 SV	/15		250 500	500 1000	1000 2000	2000 3000	3000 4000	4000 6000	6000 8000	8000 8000	
LEFT WV	/15 SV	/15	RIGHT									
			LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

NC

NC

NC

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINER (Check)

A. ☐ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE Van St. Louis CPT MC

81. TYPED OR PRINTED NAME AND DENTISTRY OF PHYSICIAN (Individual schedule) — SIGNATURE Joseph [illegible] DDS

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

★ U.S. GOVERNMENT PRINTING OFFICE : 1960 O-[illegible]

1419

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
CARTER THOMAS HENRY	406-92-0888 (50065)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION (Title, grade, component)**
6365 DEHAM DALLAS, TEXAS 75231	E-1
5. PURPOSE OF EXAMINATION	**6. DATE OF EXAMINATION** / **7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)**
PHYS. CAT	9-JULY-10 / USDB

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Saved

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas	✓			Cramps in your legs	✓			"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
✓			Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble						✓		Frequent trouble sleeping
	✓		Hearing loss	✓			Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Laborer

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

93-101-01

1420

15. Have you been refused employment or been unable to hold a job or stay in school because of:
A. Sensitivity to chemicals, dust, sunlight, etc.
B. Inability to perform certain motions.
C. Inability to assume certain positions.
D. Other medical reasons (*If yes, give reasons.*)

16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)

17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)

18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)

19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)

20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)

21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)

22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)

23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.*)

24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

19- Drew Jones
69 Gilmer, Texas
Regional Clinic

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
	Thomas N. Cates

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	9.5.43	Samuel Lovitt Cathcart	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

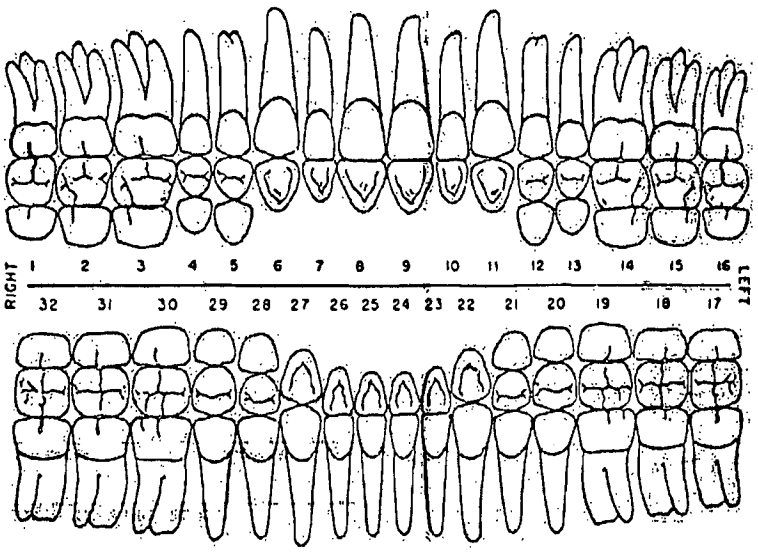
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A-32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION				
	INITIAL		SEPARATION		OTHER (*Specify*)	1	2	3	4	1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

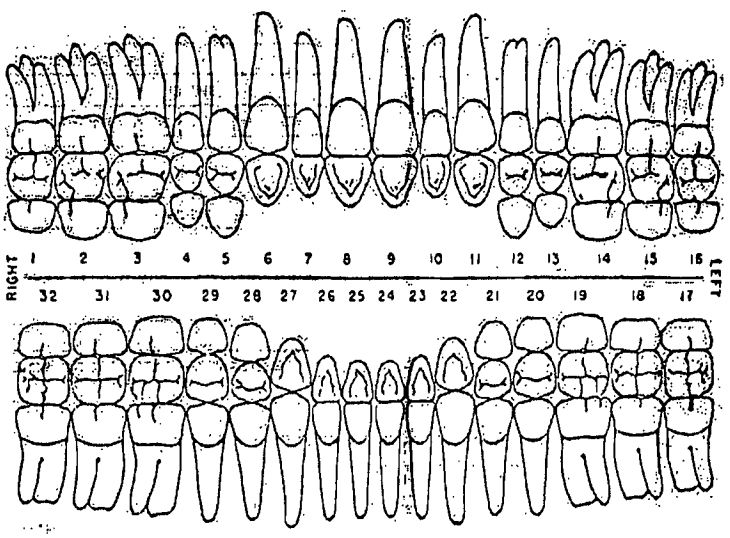


REMARKS

PLACE OF EXAMINATION	DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL		
	INCIPIENT		MODERATE		SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M					Army

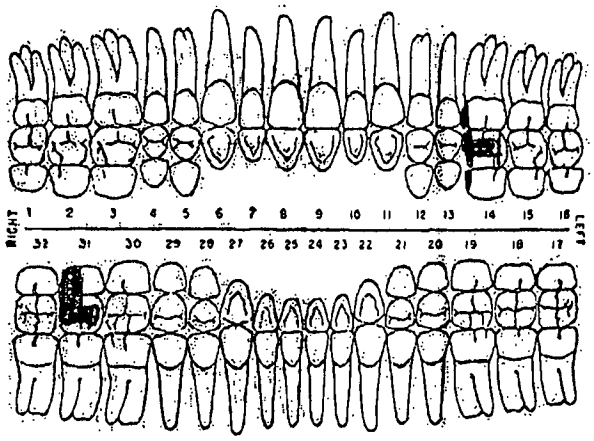
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
Carter, Thomas		

5214 1422

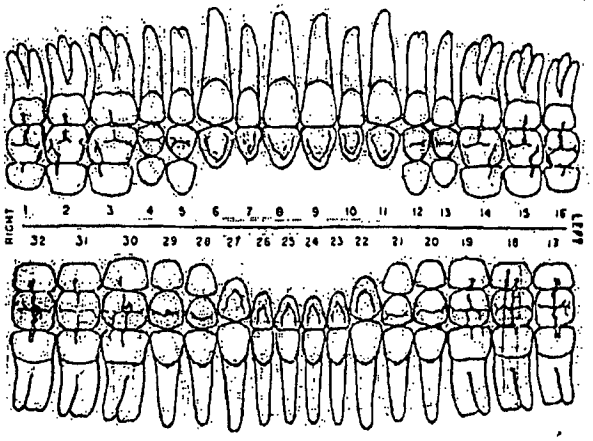
DENTAL
Standard Form 603
603-102

SECTION III. ATTENDANCE RE...

15. RESTORATIONS AND TREATMENTS (...mpleted during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

OPER: RESTORE
L/R Q 1ST;
#31

30 Oct 72

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
1972			USDR AFJVWKS	
30 Oct	cc: PI. desires ass & exam and appt		David C Christian Cpt DC	
	Dx: OH very poor; gross buildup of plaque & calculus			
	needs EXT #18, then oper			
	① Appt OHI OHC			
	② " Prophy			
	③ " 0.30 EXT #18 NRC			
	④ " Oper (#31 to be done 1ST)			
	PWX, PAX #18			
14 DEC 72	#31 DO L all Cav EX Cmo, Zn Ox (Cav), Am		D Christian Cpt DC	
	① Recall oper 3			
19 JAN 73	#14 MO All CARRY REMOVED, clean, Cap Lite, Anal. Appt OHI Prophy		DR KUETER CPT DC	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

* U.S. GOVERNMENT PRINTING OFFICE : 1982 O—644314

Standard Form 601
Nov 1963
Department of Defense
Circular

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

NAME

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	RESULT* 2–3 DAYS	RESULT* 7–10 DAYS	STATION	PHYSICIAN'S NAME
2	20 FEB 1971		26 84 OF				E A Villalon
2	27 FEB 71				Succ		E A Villalon
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (of immunity); ACCELERATED REACTION (Vaccinoid); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	2 MAR 1971		MS Benvenuto MC		7				E. A. VILLALON
2	20 FEB 1971		MS Benvenuto MC		8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	20 FEB 1971	½cc		MARTO S. BENVINUTO MAJ MC					
2	2 MAR 71				5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
	TEST					TEST			
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1	0 JUN 1971	Ford	294154	[illegible]					
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1	[illegible] 1971		5453		E A Villalon
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
					ARMY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
CARTER		

601-102

FPOP 402 Jun 67

IMMUNIZATION RECORD
Standard Form 601

1424

EXHIBIT

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	20 FEB 1971	FLU	1cc			M S BENVENUTO MC
2	20 FEB 1971	ORAL POLIO	Cude			M S BENVENUTO MC
3	10 JUN 19[illegible]	[illegible]				D. DRUKER, CPT, MC
4	22 MAR 71	Polio				MS Benvenuto MC
5	26 FEB 71	PLAGUE	1cc			MS Benvenuto MC
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	22 MAR 1971	T B TINE TEST			Neg	M S PENVENUTO MC
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1	20 FEB 71	A	POS	M S BENVENUTO MAJ MC
2				
3				

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS [illegible] IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. [illegible]

ATTESTED [illegible]

U.S. GOVERNMENT PRINTING OFFICE: 1961 O—[illegible]

EXHIBIT 31 Page 21

Metrocare
SERVICES

Metrocare - the provider of choice

Name: Jones, Debra
Patient ID: 00176204 Episode: 001 MRN: Same As Patient ID
DOB: 02/17/1963
Atttend/Clinician:
Primary/Clinician:
Primary CSPP:
CSPP Date Enrolled:

CSS Units: _____ **Expiration Date:** _____ **Initial:** _____

SVC Units: _____ **Expiration Date:** _____ **Initial:** _____

Tx Plan Expiration Date: _____ **Sign/Initial:** _____

Most Recent Fee Assessment: 02/07/2000 **Annual Income:** $6,144.00 **MMF:** $0.00

Demographic Information

Sex: F **Age:** 47 **Ethnicity:** African American (Non-Hispanic/Latino) **SSN:** 464-19-4840

Address1: 7721 Antoinette **Type Of Residence:** **Home Ph:** (214) 309-0313

Address2: Apt. 2094 **Primary Language:** **Work Ph:**

City: Dallas **County:** Dallas **Education Level:** **Mar. Stat:** Single

State: TX **Zip:** 75217

Medicare#: **End Date:** **Medicaid#:** 503467692 **End Date:**

Insurance Information (Valid at least from 04/14/2000 to . See Patient Financial Report for details.

COB	Company	Insured Name	Insured ID
1	VO1	JONES, DEBRA	A663343

Primary Diagnoses

Axis I **Current Axis V**

Axis II

Return Appointments:

Provider: , **Service:** **Date:**

Provider: , **Service:** **Date:**

Provider: _____ **Service:** _____ **Date:** _____

Provider: _____ **Service:** _____ **Date:** _____

RTS:

RN Initials: 1427

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA"

Diagnosis

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:34

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 02/07/00 11:30		Clinician:	CARTER, CAROLYN N. QMHP
Axis	Axis I		(295.30 Paranoid Schizophrenia)
	Axis II		(v71.09 defer)
	Axis III		(HTN)
	Axis IV		D occupatnl prob, E housing prob, H legal system
GAF	Current GAF		45
Chart Date: 04/14/00 14:00		Clinician:	EDWARDS, CATHY D. QMHP
Axis	Axis I		(295.30 cp schizophrenia)
	Axis II		(v79.99 none)
	Axis III		(htn)
	Axis IV		A support grp, B social environ, F economic prob, I othr psychsocl
GAF	Current GAF		45
Chart Date: 09/27/00 13:10		Clinician:	EDWARDS, CATHY D. QMHP
Axis	Axis I		(295.30 cp schizophrenia)
	Axis II		(v79.99 none)
	Axis III		(htn)
	Axis IV		A support grp, B social environ, F economic prob, I othr psychsocl
GAF	Admission GAF		45
	Best GAF/past yr		45
Chart Date: 10/04/00 13:30		Clinician:	GARDNER, EVE M. QMHP
Axis	Axis I		(295.70 SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE)
	Axis II		(799.9 DEFERRED)
	Axis III		(401.9 HYPERTENSION)
	Axis IV		A support grp, B social environ, I othr psychsocl
GAF	Admission GAF		40
	Best GAF/past yr		40

DALLAS METROCARE SERVICES
"Our House....Es Su Casa."

Doctor's Orders

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:32

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 02/07/00 11:15 Clinician: HUDGINS, PAULA E. ANP

Orders	Plan	cont med regime
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol. MIMS completed)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	14 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	40mg (20mg, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	90
	Prescribed med 3 - Refills	0

Chart Date: 02/18/00 10:20 Clinician: HUDGINS, PAULA E. ANP

Orders	Plan	cont med regime
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol. MIMS completed)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	180 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	90
	Prescribed med 3 - Refills	0

DALLAS METROCARE SERVICES
"OUR HOUSE...IS SU CASA"

Doctor's Orders

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:32

Name:	JONES, DEBRA K.	Admit Date:	Oct. 19, 1998	Assionned Staff:	SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963	Patient Id:	0000000000176204	Assignment Start:	May. 3, 1999
Age:	47 Years Sex: Female	Medical Record:	00176204	Assignment End:	Jun. 14, 1999

Chart Date: 03/26/01 15:55 Clinician: TAN, SIOE S. MD

Orders	Prescribed med 1 - Antipsychotic	Risperdal
	Prescribed med 1 - Dosage	2mg (2 mgm 1 hs for 2 days then 1 bid)
	Prescribed med 1 - Quantity	14d
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg (,)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	14d
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	14d
	Prescribed med 3 - Refills	0

Chart Date: 04/14/00 11:41 Clinician: MEGOWAN, GRETCHEN L. MD

Orders	Plan	cont med regime
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol. MIMS completed)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	180 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg (, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	0
	Prescribed med 3 - Refills	0

DALLAS METROCARE SERVICES
"OUR HOUSE...IS SU CASA."

Doctor's Orders

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:32

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 09:10 Clinician: JOINER, JAMES M. MD

Orders		
	Plan	cont med regime (waiting on gallblader surgery.)
	Prescribed med 1 - Antipsychotic	Risperdal (dated 11/1/00 to save 2 medicade rx q mo. 28 day samples given)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	180 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg (, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	0
	Prescribed med 3 - Refills	0

Chart Date: 12/08/99 14:35 Clinician: HUDGINS, PAULA E. ANP

Orders		
	Plan	cont med regime
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol.)
	Prescribed med 1 - Dosage	3mg
	Prescribed med 1 - Frequency	qhs
	Prescribed med 1 - Quantity	30 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	40mg (20mg, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	90
	Prescribed med 3 - Refills	0

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 01/05/00 14:10 Clinician: HUDGINS, PAULA E. ANP

Presenting info	No-Show F/U Done	consult ISC
	Reason No Attend	no-show

DALLAS METROCARE SERVICES
"OUR HOUSE....IS SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.	Admit Date:	Oct. 19, 1998	Assigned Staff:	SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963	Patient Id:	0000000000176204	Assignment Start:	May. 3, 1999
Age:	47 Years Sex: Female	Medical Record:	00176204	Assignment End:	Jun. 14, 1999

Chart Date: 02/07/00 11:15 Clinician: HUDGINS, PAULA E. ANP

SVC Reporting	End Tm Svc MD	11:35
	Service Provided	pharm mgt/brief
	Start Tm Svc MD	11:15
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	8hours
	Individual	("I'm sorry I forgot my appt, I seem to forget a lot lately".)
	Purpose of Visit	scheduled appt
	Sleep	sleeps thru noc, initial insomnia
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Psych Assessment	Affect	blunted
	Behavior	cooperative, friendly
	Delusions	none
	Hallucinations	auditory ("they talk off and on".)
	Mood Reported	("Depressed a little".)
	Orientation/LOC	alert, X 4
	Phys Appearance	well nourished, tense, well groomed
	Psychomotor	normal, appropriate
	Psychot Features	ind reports
	Somatic Complnts	absent
	Speech	normal, moderate
	Thought Proceses	organized, goal directed
Medication	Current Meds:	(Zyprexa, Prozac, Vit E.)
	Medical Problems	HTN (Angiogram.)
	Side Effects	drooling, slurred speech (Reports Zyprexa was creating excess thrist, hunger and drooling. does not want to continue med)
	Takes Meds	does not take (Has been out of meds X 4 weeks.)
Aims	AIMS Comment:	(Completed 2/7/00)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assessment	mildly worse
	Next Appt	1 Week(s)
	Plan	cont med regime
	Plan Acceptance	agrees

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 02/07/00 11:15 Clinician: HUDGINS, PAULA E. ANP

Appointments	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol. MIMS completed)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	14 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	40mg (20mg, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	90
	Prescribed med 3 - Refills	0
	Teaching Done	medication use, managing SE's, tardive dyskines
	Understand/Plan	verbalized
	Understanding	verbalized

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.	Admit Date:	Oct. 19, 1998	Assionned Staff:	SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963	Patient Id:	0000000000176204	Assignment Start:	May. 3, 1999
Age:	47 Years Sex: Female	Medical Record:	00176204	Assignment End:	Jun. 14, 1999

Chart Date: 02/18/00 10:20 Clinician: HUDGINS, PAULA E. ANP

SVC Reporting	End Tm Svc MD	12:10
	Service Provided	pharm mgt/brief
	Start Tm Svc MD	11:50
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	8hours
	Individual	("I'm feeling better and doing well and I can think again".)
	Purpose of Visit	scheduled appt
	Sleep	sleeps thru noc, initial insomnia
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Psych Assessment	Affect	euthymic, mood congruent
	Behavior	cooperative, friendly
	Delusions	none
	Hallucinations	auditory ("they talk off and on".)
	Mood Reported	("A OK")
	Orientation/LOC	alert, X 4
	Phys Appearance	well nourished, tense, well groomed
	Psychomotor	normal, appropriate
	Psychot Features	ind reports
	Somatic Complnts	absent
	Speech	normal, moderate
	Thought Proceses	organized, goal directed
Medication	Current Meds:	(Risperdal, Prozac, Vit E.)
	Medical Problems	HTN (Angiogram.)
	Side Effects	denies SE's, drooling, slurred speech
	Takes Meds	as prescribed
Aims	AIMS Comment:	(Completed 2/18/00)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assessment	mildly improved
	Next Appt	8 Week(s)
	Plan	cont med regime
	Plan Acceptance	agrees
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol.

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA"

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.	Admit Date:	Oct. 19, 1998	Assigned Staff:	SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963	Patient Id:	0000000000176204	Assignment Start:	May. 3, 1999
Age:	47 Years Sex: Female	Medical Record:	00176204	Assignment End:	Jun. 14, 1999

Chart Date: 02/18/00 10:20 Clinician: HUDGINS, PAULA E. ANP

Appointments	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	180 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt
	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	90
	Prescribed med 3 - Refills	0
	Teaching Done	medication use, managing SE's, tardive dyskines
	Understand/Plan	verbalized
	Understanding	verbalized

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 03/26/01 15:55 Clinician: TAN, SIOE S. MD

SVC Reporting	End Tm Svc MD	16:10
	Service Provided	pharm mgt/complx
	Start Tm Svc MD	15:55
Presenting info	Appetite	appetit decreasd, drinks fluid qs
	Purpose of Visit	scheduled appt, follow-up
	Recent Changes	(off meds x 2 mo)
	Sleep	awakens easily
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Alcohol/Drug Use	Current Usage	not using
Psych Assessment	Affect	sad, depressed
	Behavior	cooperative
	Delusions	paranoid
	Hallucinations	auditory
	Insight	
	Orientation/LOC	alert, X 4
	Phys Appearance	well nourished
	Psychomotor	normal
	Psychot Features	ind reports
	Speech	soft
	Thought Proceses	goal directed
Medication	Current Meds:	(Risperdal, Prozac, Vit E.out of med. for 2 months.)
	Current Status	unchanged
	Medical Problems	HTN (Angiogram.)
	Side Effects	denies SE's
	Takes Meds	as prescribed
Aims	AIMS Comment:	(Completed 2/7/00)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assess Timeframe	
	Assessment	mildly worse
	Next Appt	(Pt will be transferred to North Tx MHclinic. Next appointment will be 4-10-01)
	Plan Acceptance	agrees

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assionned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 03/26/01 15:55 Clinician: TAN, SIOE S. MD

Appointments

Prescribed med 1 - Antipsychotic	Risperdal
Prescribed med 1 - Dosage	2mg (2 mgm 1 hs for 2 days then 1 bid)
Prescribed med 1 - Quantity	14d
Prescribed med 1 - Refills	0
Prescribed med 2 - Antidepresnt/OCD	Prozac
Prescribed med 2 - Dosage	20mg (,)
Prescribed med 2 - Frequency	qam
Prescribed med 2 - Quantity	14d
Prescribed med 2 - Refills	0
Prescribed med 3 - Dosage	1000 Unt
Prescribed med 3 - Medical	Vitamin E
Prescribed med 3 - Quantity	14d
Prescribed med 3 - Refills	0
Teaching Done	medication use, managing SE's, tardive dyskines, managing stress
Therapy/Interven	psychoeducation, ind/support tx
Understand/Plan	verbalized
Understanding	verbalized

DALLAS METROCARE SERVICES
"OUR HOUSE...IS SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 04/14/00 11:41 Clinician: MEGOWAN, GRETCHEN L. MD

SVC Reporting	BPRS Done	see BPRS section
	End Tm Svc MD	13:49
	Service Provided	pharm mgt/complx
	Start Tm Svc MD	13:35
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	8hours
	Individual	(I have gotten back on my medicaid. It was very confusing last time since I thought I had lost it.)
	Purpose of Visit	scheduled appt (came late, but able to be worked in)
	Sleep	sleeps thru noc
Medication	Current Meds:	(Risperdal, Prozac, Vit E.)
	Medical Problems	HTN (Angiogram.)
	Side Effects	denies SE's
	Takes Meds	as prescribed
Aims	AIMS Comment:	(Completed 2/7/00)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assess Timeframe	
	Assessment	mildly improved
	Next Appt	12 Week(s)
	Plan	cont med regime
	Plan Acceptance	agrees
	Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol. MIMS completed)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid
	Prescribed med 1 - Quantity	180 (Samples.)
	Prescribed med 1 - Refills	0
	Prescribed med 2 - Antidepresnt/OCD	Prozac
	Prescribed med 2 - Dosage	20mg (, 2 tabs)
	Prescribed med 2 - Frequency	qam
	Prescribed med 2 - Quantity	180
	Prescribed med 2 - Refills	0
	Prescribed med 3 - Dosage	1000 Unt

DALLAS METROCARE SERVICES
"OUR HOUSE....IS SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 04/14/00 11:41 Clinician: MEGOWAN, GRETCHEN L. MD

Appointments	Prescribed med 3 - Medical	Vitamin E
	Prescribed med 3 - Quantity	0
	Prescribed med 3 - Refills	0
	Teaching Done	medication use, managing SE's, tardive dyskines, managing stress
	Therapy/Interven	psychoeducation, ind/support tx
	Understand/Plan	verbalized
	Understanding	verbalized

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA"

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.	Admit Date:	Oct. 19, 1998	Assigned Staff:	SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963	Patient Id:	0000000000176204	Assignment Start:	May. 3, 1999
Age:	47 Years Sex: Female	Medical Record:	00176204	Assignment End:	Jun. 14, 1999

Chart Date: 10/04/00 09:10 Clinician: JOINER, JAMES M. MD

SVC Reporting	End Tm Svc MD	15:25
	Service Provided	pharm mgt/complx
	Start Tm Svc MD	15:00
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	5-6hours
	Purpose of Visit	scheduled appt (came late, but able to be worked in)
	Recent Changes	(off meds x 1 mo due sick.)
	Sleep	sleeps thru noc
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Psych Assessment	Affect	sad, depressed
	Behavior	cooperative
	Insight	
	Orientation/LOC	alert, X 4
	Phys Appearance	well nourished
	Psychomotor	normal
	Psychot Features	no S/S psychosis
	Speech	soft
Medication	Current Meds:	(Risperdal, Prozac, Vit E.)
	Medical Problems	HTN (Angiogram.)
	Side Effects	denies SE's
	Takes Meds	as prescribed
Aims	AIMS Comment:	(Completed 2/7/00)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assess Timeframe	
	Assessment	mildly improved
	Next Appt	12 Week(s)
	Plan	cont med regime (waiting on gallblader surgery.)
	Plan Acceptance	agrees
	Prescribed med 1 - Antipsychotic	Risperdal (dated 11/1/00 to save 2 medicade rx q mo. 28 day samples given)
	Prescribed med 1 - Dosage	2mg
	Prescribed med 1 - Frequency	bid

DALLAS METROCARE SERVICES
"OUR HOUSE...ES SU CASA."

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 09:10		Clinician:	JOINER, JAMES M. MD
Appointments	Prescribed med 1 - Quantity		180 (Samples.)
	Prescribed med 1 - Refills		0
	Prescribed med 2 - Antidepresnt/OCD		Prozac
	Prescribed med 2 - Dosage		20mg (, 2 tabs)
	Prescribed med 2 - Frequency		qam
	Prescribed med 2 - Quantity		180
	Prescribed med 2 - Refills		0
	Prescribed med 3 - Dosage		1000 Unt
	Prescribed med 3 - Medical		Vitamin E
	Prescribed med 3 - Quantity		0
	Prescribed med 3 - Refills		0
	Teaching Done		medication use, managing SE's, tardive dyskines, managing stress
	Therapy/Interven		psychoeducation, ind/support tx
	Understand/Plan		verbalized
	Understanding		verbalized
Chart Date: 10/22/99 15:00		Clinician:	HUDGINS, PAULA E. ANP
Presenting info	No-Show F/U Done		consult ISC
	Reason No Attend		no-show
Chart Date: 12/03/99 14:35		Clinician:	HUDGINS, PAULA E. ANP
Presenting info	No-Show F/U Done		consult ISC
	Reason No Attend		no-show

DALLAS METROCARE SERVICES
"OUR HOUSE...ES SU CASA"

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 12/08/99 14:35 Clinician: HUDGINS, PAULA E. ANP

SVC Reporting	End Tm Svc MD	14:55
	Service Provided	pharm mgt/brief
	Start Tm Svc MD	14:35
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	2hours
	Individual	("I'm doing good".)
	Purpose of Visit	scheduled appt
	Sleep	initial insomnia, middle insomnia, awakens easily
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Psych Assessment	Affect	blunted
	Behavior	cooperative, friendly
	Delusions	none
	Hallucinations	auditory ("I'm starting to hear the voices talk again".")
	Mood Reported	("I'm OK now".)
	Orientation/LOC	alert, X 4
	Phys Appearance	well nourished, tense, well groomed
	Psychomotor	normal, appropriate
	Psychot Features	ind reports
	Somatic Complnts	absent
	Speech	normal, moderate
	Thought Proceses	organized, goal directed
Medication	Current Meds:	(Zyprexa, Prozac, Vit E.)
	Medical Problems	HTN (Angiogram.)
	Side Effects	drooling, slurred speech (Reports Zyprexa was creating excess thrist, hunger and drooling. does not want to continue med)
	Takes Meds	does not take (Has been out of meds X 4 weeks.)
Aims	AIMS Comment:	(Completed 12/8/99)
	Incapcit/Abn.Mov	0
	Ind Aware/Abnorm	0 Not aware(Awr)
	Jaw	0
	Lips/Perioral	0
	Lowr Extremities	0
	Muscles of Face	0
	Neck/Shouldr/Hip	0
	Severity/Abn.Mov	0
	Teeth/Dent Prob?	No 0
	Tongue	0
	Uppr Extremities	0
	Wears Dentures?	No 0
Appointments	Assessment	mildly worse
	Next Appt	4 Week(s)
	Plan	cont med regime
	Plan Acceptance	agrees

DALLAS METROCARE SERVICES
"OUR HOUSE....IS SU CASA"

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 12/08/99 14:35 Clinician: HUDGINS, PAULA E. ANP

Appointments

Prescribed med 1 - Antipsychotic	Risperdal (DC'ed Zyprexa r/t SE's and started Respirdol.)
Prescribed med 1 - Dosage	3mg
Prescribed med 1 - Frequency	qhs
Prescribed med 1 - Quantity	30 (Samples.)
Prescribed med 1 - Refills	0
Prescribed med 2 - Antidepresnt/OCD	Prozac
Prescribed med 2 - Dosage	40mg (20mg, 2 tabs)
Prescribed med 2 - Frequency	qam
Prescribed med 2 - Quantity	180
Prescribed med 2 - Refills	0
Prescribed med 3 - Dosage	1000 Unt
Prescribed med 3 - Medical	Vitamin E
Prescribed med 3 - Quantity	90
Prescribed med 3 - Refills	0
Teaching Done	medication use, managing SE's, tardive dyskines
Understand/Plan	verbalized
Understanding	verbalized

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA"

Psychiatric/Medical

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:41

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 12/27/00 12:30 Clinician: CANADY, DOROTHY J. RN

SVC Reporting	Dr's ID	39469
	End Tm Svc RN	13:00
	Nurse Appt	brief o.v.w/nurs
	Start Tm Svc RN	12:30
Presenting info	Appetite	eating qs, drinks fluid qs
	Avg Hrs Slept	8hours
	Purpose of Visit	scheduled appt
	Sleep	sleeps thru noc
Risk Assessment	Aggression	denies homicidal
	Suicidality	denies suicidal
Psych Assessment	Affect	euthymic
	Anxieties	none
	Behavior	cooperative
	Compulsions	none
	Delusions	none
	Hallucinations	none
	Insight	
	Judgment	
	Mood Reported	(good)
	Orientation/LOC	alert, person, place, situation
	Phobias	none
	Phys Appearance	well nourished, adequate groomed
	Psychomotor	normal
	Psychot Features	ind denies
	Somatic Compints	absent
	Speech	normal
	Thought Proceses	organized
Medication	Side Effects	denies SE's
	Takes Meds	as prescribed
Appointments	Assess Timeframe	since last visit
	Assessment	no signif change
	Interventn Resp.	
	Interventn/Plan	scheduled appt, consult Dr (rx card for prozac 20 mg given and samples of risperdal 2 mg # 28 rtc in 2 wks with dr joiner)

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assionned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 02/07/00 11:30 Clinician: CARTER, CAROLYN N. QMHP

BPRS Chart

Anxiety	2
BPRS TOTAL SCORE	48
Bizarre Behavior	1
Blunted Affect	3
Concept'l Disorg	3
Confid in Assess	some confidence
Depression	3
Disorientation	3
Distractibility	3
Elevated Mood	1
Emotnl Withdrawl	3
Excitement	1
Grandiosity	1
Guilt	1
Hallucinations	4
Hostility	1
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	3
Self-Neglect	2
Somatic Concern	3
Source of Info	individual
Suicidality	1
Suspiciousness	2
Tension	1
Uncooperative	1
Unusual Thoughts	3

Conclusions/Plan

Axis I	(295.30 Paranoid Schizophrenia)
Axis II	(v71.09 defer)
Axis III	(HTN)
Axis IV	D occupatnl prob, E housing prob, H legal system
BPRS	
CD/Substance Use	(denies)
Current GAF	45
D/C Readiness	not D/C ready
Dx Review	no change in dx
Fam Tx Involvmnt	none
Ind Tx Involvmnt	(need to be called to remember)
Level of Partic	missed 1 appoint
Medical Problems	(HTN, gall Istones)
Meds/Rationale	(changed today to improve symptoms)

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 02/07/00 11:30 Clinician: CARTER, CAROLYN N. QMHP

Conclusions/Plan		
	Psychiatric	(hear voices, afraid and jettery, very tired)
	Psychosocial	(difficult to be with more than 2 people around)
	Service Need	multiple svcs
	Svc Coord Eligib	low intens. need
	Svcs on Plan	
	Tx Plan Review	
Medical HX		
	# In Last 12 mo. - Hosp/CD nondetox	0
	# In Last 12 mo. - Hospit./CD detox	0
	# In Last 12 mo. - Hospitalized/MH	0
	# In Last 12 mo. - Outpatient Tx	1
	General Health	02 very good
	Total # Episodes - Hosp/CD nondetox	0
	Total # Episodes - Hospit./CD detox	0
	Total # Episodes - Hospitalized/MH	1
	Total # Episodes - Outpatient Tx	1
Presenting Information		
	Informants	individual
Risk Assessment		
	Progress Assess	no progress
Service Reporting		
	End Tm Reasses	12:25
	NorthSTAR Fields	were completed
	Service Provided	svc coord f/f
	Start Tm Reasses	11:35
Social History		
	Arrests / 12mo's	0
	Arrests / 30days	0
	Days Employed	0
	Legal Status	01 None
	Months Employed	0
	PHYS HLTH IMPACT - Accomplishd less	No 0
	PHYS HLTH IMPACT - Limitd kind/work	No 0
	PHYS HLTH IMPACT - Time at work	Yes 1
	Why Not Employed	01health reasons (too nervous)

Chart Date: 03/26/01 15:55 Clinician: TAN, SIOE S. MD

BPRS Chart		
	Anxiety	4
	BPRS TOTAL SCORE	33

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

"Our House...Is So Cast"

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 03/26/01 15:55 Clinician: TAN, SIOE S. MD

BPRS Chart

Bizarre Behavior	1
Blunted Affect	2
Concept'l Disorg	1
Confid in Assess	mod confidence
Depression	3
Disorientation	1
Distractibility	1
Elevated Mood	1
Emotnl Withdrawl	2
Excitement	1
Grandiosity	1
Guilt	1
Hallucinations	1
Hostility	2
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1
Somatic Concern	2
Source of Info	individual
Suicidality	1
Suspiciousness	1
Tension	1
Uncooperative	1
Unusual Thoughts	1

Chart Date: 04/14/00 11:41 Clinician: MEGOWAN, GRETCHEN L. MD

BPRS Chart

Anxiety	4
BPRS TOTAL SCORE	33
Bizarre Behavior	1
Blunted Affect	2
Concept'l Disorg	1
Confid in Assess	mod confidence
Depression	3
Disorientation	1
Distractibility	1
Elevated Mood	1
Emotnl Withdrawl	2
Excitement	1
Grandiosity	1
Guilt	1
Hallucinations	1

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assionned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 04/14/00 11:41 Clinician: MEGOWAN, GRETCHEN L. MD

BPRS Chart

Hostility	2
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1
Somatic Concern	2
Source of Info	individual
Suicidality	1
Suspiciousness	1
Tension	1
Uncooperative	1
Unusual Thoughts	1

Chart Date: 04/14/00 14:00 Clinician: EDWARDS, CATHY D. QMHP

BPRS Chart

Anxiety	7
BPRS Comment:	(Client was open and cooperative during this session.)
BPRS TOTAL SCORE	65
Bizarre Behavior	1
Blunted Affect	1
Concept'l Disorg	1
Confid in Assess	mod confidence
Depression	3
Disorientation	1
Distractibility	1
Elevated Mood	3
Emotnl Withdrawl	1
Excitement	2
Grandiosity	7
Guilt	5
Hallucinations	4
Hostility	5
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1
Somatic Concern	5
Source of Info	individual
Suicidality	1
Suspiciousness	4
Tension	1
Uncooperative	1

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 04/14/00 14:00 Clinician: EDWARDS, CATHY D. QMHP

BPRS Chart		
	Unusual Thoughts	7
Conclusions/Plan		
	Axis I	(295.30 cp schizophrenia)
	Axis II	(v79.99 none)
	Axis III	(htn)
	Axis IV	A support grp, B social environ, F economic prob, I othr psychsocl
	CD/Substance Use	(Client denies any issues with drugs and alcohol for the past five years.)
	Current GAF	45
	D/C Readiness	not D/C ready
	Dx Review	no change in dx
	Fam Tx Involvmnt	
	Ind Tx Involvmnt	
	Level of Partic	kept appts, active, cooperative, seeks knowledge
	Medical Problems	(htn)
	Meds/Rationale	(Client reports the medication reduces the paranoia, crying spells, and anxiety. She also reports it decreases her hostility and anger.)
	Psychiatric	(paranoia, anxiety, depression, crying spells, hostility, anger)
	Psychosocial	(Client lives alone and has 4 children. three were taken by the state at their birth. She is currently considering marriage and is the youngest of 7 children.)
	Tx Plan Review	
Medical HX		
	# In Last 12 mo. - Hosp/CD nondetox	0
	# In Last 12 mo. - Hospit./CD detox	0
	# In Last 12 mo. - Hospitalized/MH	0
	# In Last 12 mo. - Outpatient Tx	0
	General Health	04 fair
	Total # Episodes - Hosp/CD nondetox	0
	Total # Episodes - Hospit./CD detox	0
	Total # Episodes - Hospitalized/MH	2
	Total # Episodes - Outpatient Tx	1
Presenting Information		
	Informants	individual
	Setting	office
Service Reporting		
	End Tm Reasses	15:15
	NorthSTAR Fields	were completed

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 04/14/00 14:00 Clinician: EDWARDS, CATHY D. QMHP

Service Reporting

Service Provided	svc coord f/f (Client came in to receive medication and discuss service plan as well as goals and objectives.)
Start Tm Reasses	14:00

Social History

Arrests / 12mo's	0
Arrests / 30days	0
Days Employed	0
Legal Status	01 None (1991 conviction of possession revoked probation and served 6 mos on two years released 1997.)
Months Employed	0
PHYS HLTH IMPACT - Accomplishd less	No 0
PHYS HLTH IMPACT - Limitd kind/work	No 0 (Client reports she con not work due to her mental and physical disability.)
PHYS HLTH IMPACT - Time at work	No 0
PHYS HLTH IMPACT - Work Performance	No 0
Why Not Employed	01health reasons

Chart Date: 07/30/99 11:40 Clinician: GRAYSON, BARBARA A.

Conclusions/Plan

D/C Readiness	not D/C ready
Dx Review	no change in dx
Ind Tx Involvmnt	
Level of Partic	missed > 1 appt
Meds/Rationale	(Reported that Zyprexia keeps her awake at night patient extremely paranoid)
Psychosocial	(Previous tickets and warrent for her arrest has and continue to be a stressor. Want to go to jail to pay tickets but system wont let her.)
Service Need	multiple svcs (Patient in need to counseling.)
Svc Coord Eligib	mod intens. need
Svcs on Plan	
Tx Plan Review	(Plan was complet and signed by Mary M.)

Medical HX

General Health	03 good

Presenting Information

Informants	individual
Setting	office

Risk Assessment

Progress Assess	no progress

Service Reporting

End Tm Reasses	11:45
Service Provided	svc coord f/f

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 07/30/99 11:40 Clinician: GRAYSON, BARBARA A.

Service Reporting

Start Tm Reasses	10:50

Chart Date: 09/27/00 13:10 Clinician: EDWARDS, CATHY D. QMHP

Alcohol/Drug Use

Admitted To - Service Level	hospital detox
Hx of IV Use	No 0
In Last 30 Days - # of CD Arrests	2
In Last 30 Days - Abstinence	30days in 30
In Last 30 Days - Alc/Drug Problem	0days in 30
In Last 30 Days - Family Problems	30days in 30
In Last 30 Days - Psych Problems	30days in 30
In Last 30 Days - Social Problems	30days in 30
In Last Year - # of ER Visits	3
Ind Pregnant	No 0
Primary Drug - Route	smoking
Primary Drug - Substance Used	crack
Primary Drug - Use W/in 30 Days	0days in 30
Primary Drug - Year First Used	1993
Referral Source	family/friend
Since Last D/C - # of Months	36

BPRS Chart

Anxiety	7
BPRS TOTAL SCORE	65
Bizarre Behavior	1
Blunted Affect	1
Concept'l Disorg	1
Confid in Assess	mod confidence
Depression	3
Disorientation	1
Distractibility	1
Elevated Mood	3
Emotnl Withdrawl	1
Excitement	2
Grandiosity	7
Guilt	5
Hallucinations	4
Hostility	5
Individal Coment	(" i did something bad admitting to crack cocaine use x2 in 1996, because i ran out of meds and felt very tense, afraid to sleep".)
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 09/27/00 13:10 Clinician: EDWARDS, CATHY D. QMHP

BPRS Chart

Somatic Concern	5
Source of Info	individual
Suicidality	1
Suspiciousness	4
Tension	1
Uncooperative	1
Unusual Thoughts	7

Conclusions/Plan

Admission GAF	45
Axis I	(295.30 cp schizophrenia)
Axis II	(v79.99 none)
Axis III	(htn)
Axis IV	A support grp, B social environ, F economic prob, I othr psychsocl
Best GAF/past yr	45
Consent for Svcs	svcs explained, form signed
Consumer Rights	explained, hardcopy given, form signed
Formulation	(36 yaer old Black female with a long hx of SMI and multiple hospitalizations/incarcerations. She has 4 children but lost 3 to CPS at their birth. She is involved with the legal system and reports cocaine addiction in remission for past 2 yrs.)

Developmental HX

Highest Ed Levl	
Milestones	met/age appropr., full term birth

Drug Reactions

No Known Allergy	

Family

Culturl perceptn - Causes/Illness:	(" When i can't get my meds i turn to crack then everything goes wrong")
Culturl perceptn - Helps/Illness:	(" taking my meds like i should")
Culturl perceptn - Worsens/Illness:	("Problems in my finances and my family")

Medical HX

# In Last 12 mo. - Hosp/CD nondetox	0
# In Last 12 mo. - Hospit./CD detox	0
# In Last 12 mo. - Hospitalized/MH	0
# In Last 12 mo. - Outpatient Tx	0
Acces/Healthcare	has no medicl Dr, no routine care
Caffeine Use	coffee, tea
Cups per Day	2
DX INDICATOR - Chemical Dependn	No 0
DX INDICATOR - Dual Diagnosis	No 0

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 09/27/00 13:10 Clinician: EDWARDS, CATHY D. QMHP

Medical HX		
	DX INDICATOR - Seriously ED	No 0
	DX INDICATOR - Substance Abuse	No 0
	Denies Medicl Hx	
	General Health	04 fair
	HIV Risk Factors	unsafe sex, mult partners
	Language Barrier	other
	Last Dr.visit - Date of	
	Packs/Day	1
	Tobacco Use	cigarettes
	Total # Episodes - Hosp/CD nondetox	0
	Total # Episodes - Hospit./CD detox	0
	Total # Episodes - Hospitalized/MH	2
	Total # Episodes - Outpatient Tx	1
	Years Used	20
Medications		
	Current Meds:	(2mg risperdal, 20mg prozac, 1000unt vitmnE)
	Self Admin Skill	self-managed, w/ prompting
	Side Effects	denies SE's
	Takes Meds	as prescribed
	Type/Prev.Meds	antipsychotic, antidepressant
Nutrition/Rest		
	Appetite	
	Avg Hrs Slept	6hr
	Bedtime Routine	shower, prayers, TV/radio
	Elimination Prob	other
	Sleep Aids	Rx medication
	Sleep Pattern	sleeps thru noc
Presenting Information		
	Anxiety	(stressed, worried)
	Chief Complaint	(paranoia, anxiety, depression, crying spells, hostility, anger)
	Comment / ER:	(Parkland hospital)
	Depression	(crying spells, isolated,)
	Informants	individual
	Lngth Curent S/S	90 Day(s)
	Mania	(anxiety, anger)
	Other Dx Info	
	Past Tx Adherenc	
	Psychosis	(paranoia, hostility)
	Refer Facility	(parkland hospital)
	Setting	office
Psych Assessment		

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 09/27/00 13:10 Clinician: EDWARDS, CATHY D. QMHP

Psych Assessment		
	Prev episode 1 - Adm Dt	02/14/97
	Prev episode 1 - Admit Status	involuntary
	Prev episode 1 - D/C Date	11/25/97
	Prev episode 1 - Name of Site	other
	Prev episode 1 - Reason/Episode	psychosis, depression, anxiety, aggressive beh
	Prev episode 1 - Treatment Site	other
	Prev episode 1 - Treatment Type	outpatient tx, inpatient tx, pharmacologic, incarcerated
	Prev episode 1 - Tx Length	9 Month(s)
Risk Assessment		
	Current - Aggression	aggrssn to othrs
	Current - Other Behaviors	confusion
	Current - Self Injury	other
	Current - Suicidality	denies suicidal
	Homicid Attempts	0
	In past - Aggression	aggrssn to othrs
	In past - Other Behaviors	deterioration, first break, confusion
	In past - Self Injury	other
	In past - Suicidality	denies suicidal
	Suicide Attempts	0
Service Reporting		
	NorthSTAR Fields	were completed
Social History		
	# Children	4
	# Divorce	0
	# Marriages	0
	# of Children	0in home
	ADL Activity	w/ prompting
	Arrests / 12mo's	0
	Arrests / 30days	0
	Birth Control	other
	Child Custody	(NA- None)
	Consumer Is - If Live w/Family	dependent
	DX INDICATOR - SMI	Yes 1
	Days Employed	0
	Desires Work	no
	Employment Type	unskilled
	End Tm Intake	14:00
	Family Members	(Mother, Father and 6 siblings)
	Family Structure	single
	Fiscal Resources	SSDI, Medicare
	Guardianship	full
	Legal Status	01 None (1991 conviction of possession revoked

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 09/27/00 13:10 Clinician: EDWARDS, CATHY D. QMHP

Social History

Legal Status	probation and served 6 mos on two years released 1997.)
Leisure Interest	few interests
Months Employed	0
No Military Hx	
PHYS HLTH IMPACT - Accomplishd less	No 0
PHYS HLTH IMPACT - Limitd kind/work	No 0 (Client reports she con not work due to her mental and physical disability.)
PHYS HLTH IMPACT - Time at work	No 0
PHYS HLTH IMPACT - Work Performance	No 0
Residence Status	lives w/family
Service Provided	nonLPHA assesmnt
Sexual Orientatn	heterosexual
Special Educatn	other
Start Tm Intake	13:15
Victimization Hx	D three+ times
Why Left LastJob	fired
Why Not Employed	01health reasons

Chart Date: 10/04/00 09:10 Clinician: JOINER, JAMES M. MD

BPRS Chart

Anxiety	4
BPRS TOTAL SCORE	33
Bizarre Behavior	1
Blunted Affect	2
Concept'l Disorg	1
Confid in Assess	mod confidence
Depression	3
Disorientation	1
Distractibility	1
Elevated Mood	1
Emotnl Withdrawl	2
Excitement	1
Grandiosity	1
Guilt	1
Hallucinations	1
Hostility	2
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1
Somatic Concern	2

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 09:10 Clinician: JOINER, JAMES M. MD

BPRS Chart

Source of Info	individual
Suicidality	1
Suspiciousness	1
Tension	1
Uncooperative	1
Unusual Thoughts	1

Chart Date: 10/04/00 13:30 Clinician: GARDNER, EVE M. QMHP

BPRS Chart

Anxiety	4
BPRS TOTAL SCORE	43
Bizarre Behavior	1
Blunted Affect	1
Concept'l Disorg	3
Confid in Assess	very confident
Depression	4
Disorientation	1
Distractibility	2
Elevated Mood	1
Emotnl Withdrawl	1
Excitement	1
Grandiosity	1
Guilt	1
Hallucinations	5
Hostility	3
Mannersm&Posture	1
Motor Hyperactiv	1
Motor Retardatin	1
Self-Neglect	1
Somatic Concern	1
Source of Info	individual
Suicidality	1
Suspiciousness	4
Tension	2
Uncooperative	1
Unusual Thoughts	1

Conclusions/Plan

Admission GAF	40
Axis I	(295.70 SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE)
Axis II	(799.9 DEFERRED)
Axis III	(401.9 HYPERTENSION)
Axis IV	A support grp, B social environ, I othr psychsocl

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 13:30 Clinician: GARDNER, EVE M. QMHP

Conclusions/Plan

Best GAF/past yr	40
Consent for Svcs	svcs explained, form signed
Consumer Rights	explained, hardcopy given, form signed
Formulation	(37 YR. OLD BLACK FEMALE PRESENTS WITH A/H, V/H, T/H AND ANXIETY. PT. REPORTS SOME DEPRESSION AND MANIC BEHAVIOR IN THE PAST MONTH.)
Initial Svc Plan	

Developmental HX

Highest Ed Levl	

Drug Reactions

Unknown/Unspec.	(PT. ALLERGIC TO PENECILLIN)

Family

Consumer - History of	schizophrenia
Cousin - History of	mental illness
Father - History of	alcohol abuse, domestic violenc
Mother - History of	victm of aggrssn
Sister(s) - History of	alcohol abuse, drug abuse, victm of aggrssn

Medical HX

# In Last 12 mo. - Hosp/CD nondetox	0
# In Last 12 mo. - Hospit./CD detox	0
# In Last 12 mo. - Hospitalized/MH	0
# In Last 12 mo. - Outpatient Tx	1
Caffeine Use	other (COKES)
Cups per Day	2
DX INDICATOR - Chemical Dependn	No 0
DX INDICATOR - Dual Diagnosis	No 0
DX INDICATOR - Seriously ED	No 0
DX INDICATOR - Substance Abuse	No 0
General Health	03 good
Packs/Day	2
Tobacco Use	cigarettes
Total # Episodes - Hosp/CD nondetox	0
Total # Episodes - Hospit./CD detox	0
Total # Episodes - Hospitalized/MH	1
Total # Episodes - Outpatient Tx	1
Years Used	16

Medications

Current Meds:	(RISPERDOL 2MG BID, PROZAC 20MG QAM, VIT E 1000 QD)
Type/Prev.Meds	antipsychotic, antidepressant

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 13:30 Clinician: GARDNER, EVE M. QMHP

Presenting Information

Anxiety	(PT. GETS ANXIOUS WHEN AROUND MORE THEN 3 OR 4 PEOPLE. PT. GETS NERVOUS WHEN PEOPLE TALK TO HER.)
Chief Complaint	("I HAVE DEPRESSION AND I HEAR VOICES. WHEN I CAN UNDERSTAND THE VOICES THEY GIVE ME MESSAGES LIKE 'WATCH OUT FOR THE POLICE'. I USED TO HEAR THE T.V. TALK, BUT NOT ANYMORE.")
Depression	(PT. REPORTS HAVING DECREASED ENERGY AND FEELING FATIGUED MOST OF THE TIME IN THE PAST 3 WEEKS. PT. IS SLEEPING APPROX. 4 OR 5 HOURS A NIGHT. PT. REPORTS HAVING FEELINGS OF SADNESS.)
Lngth Curent S/S	10 Year(s)
Mania	(PT. DESCRIBED A MANIC EPISODE WHICH LASTED FOR ABOUT 2 OR 3 WEEKS AND OCCURRED ABOUT 3 WEEKS AGO. THE PT. DESCRIBED HAVING DECREASED NEED FOR SLEEP (1 OR 2 HR. PER NIGHT), BEING MORE TALKATIVE THAN USUAL, INFLATED SELF-ESTEEM, RACING THOUGHTS)
Other Dx Info	anx most days, decreased energy, hallucinates qd, halluc all day, Sx interfer/life
Psychosis	(PT. REPORTS HEARING VOICES DAILY. PT. REPORTS SEEING SHADOWS IN THE CORNER OF HER EYE AT TIMES. PT. HAS HX. OF SEEING PEOPLE THAT TALK TO HER THAT WEREN'T THERE. PT. FEELS PINS STICKING HER CHEST, NAVAL AND FACE. DENIES O/H. PLANES TALK TO HER.)
Substance Use	(PT. REPORTS HAVING NO HX. OF DRUG OR ALCOHOL ABUSE. PT. REPORTS TAKING AN HOUR TO DRINK 7 OUNCES OF BEER WHICH SHE RARELY DOES.)

Psych Assessment

Prev episode 1 - Adm Dt	1995
Prev episode 1 - Admit Status	involuntary
Prev episode 1 - Name of Site	Vernon St Hosp
Prev episode 1 - Reason/Episode	psychosis
Prev episode 1 - Treatment Site	state psych hosp
Prev episode 1 - Treatment Type	inpatient tx
Prev episode 1 - Tx Length	6 Month(s)

Risk Assessment

Current - Aggression	denies homicidal
Current - Suicidality	denies suicidal
Homicid Attempts	0

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 13:30 Clinician: GARDNER, EVE M. QMHP

Risk Assessment

In past - Aggression	aggrssn/property, aggrssn to othrs, homicidal ideas (PT. REPORTS HX. OF TROWING BRICKS AND BOTTLES AT PEOPLE. PT. HAS BAD RELATIONSHIP WITH SISTER AND HAS THOUGHT ABOUT KILLING HER BEFORE.)
In past - Suicidality	suicidal ideas
OCD	(DENIES)
Personality Dis	(DEFERRED)
Suicide Attempts	0

Service Reporting

NorthSTAR Fields	were completed

Social History

# Children	3
# Divorce	0
# Marriages	0
Arrest #1 - Disposition	probation, incarcerated
Arrest #1 - Type of Arrest	felony/property (1990: PT. ARRESTED FOR POSSESSION OF CRACK)
Arrest #2 - Disposition	incarcerated
Arrest #2 - Type of Arrest	misdemeanor/prop (1999: PT. ARRESTED FOR OUTSTANDING TICKETS.)
Arrests / 12mo's	0
Arrests / 30days	0
Child Custody	(PT. HAD 2 SONS TAKEN AWAY THROUGH CPS IN EARLY 80s. PT. DID KEEP CUSTODY OF 3RD CHILD (DAUGHTER). SHE IS NOW 19 AND LIVING ON HER OWN.)
DX INDICATOR - SMI	Yes 1
Days Employed	0
Employment Type	(PT. WORKED IN FOOD SERVICE, BUT HASN'T WORKED FOR OVER 10 YEARS.)
End Tm Intake	15:30
Family Members	(PT. HAS 3 SISTERS AND 2 BROTHERS AND A MOTHER STILL LIVING. PT. HAS A GOOD RELATIONSHIP WITH MOM, BUT DOESN'T TALK TO SIBLING VERY OFTEN.)
Family Structure	single
Legal Status	01 None
Months Employed	0
PHYS HLTH IMPACT - Accomplishd less	No 0
PHYS HLTH IMPACT - Limitd kind/work	No 0
PHYS HLTH IMPACT - Time at work	No 0
PHYS HLTH IMPACT - Work	No 0

DALLAS METROCARE SERVICES

Assessments

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:55:35

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 10/04/00 13:30 Clinician: GARDNER, EVE M. QMHP

Social History

Residence Status	lives alone
Service Provided	nonLPHA assesmnt
Start Tm Intake	13:30
Victimization Hx	D three+ times (PT. WAS PHYSICALLY, EMOTIONALLY, AND SEXUALLY ABUSED BY FATHER WHEN SHE WAS 3 TO AGE 6.)
Why Not Employed	01health reasons (MENTAL ILLNESS)

DALLAS METROCARE SERVICES
"OUR HOUSE....ES SU CASA"

Progress

Report From: January 1, 1999 To December 31, 2005 Run Date: SEP-14-10 12:57:11

Name:	JONES, DEBRA K.		Admit Date:	Oct. 19, 1998	Assigned Staff: SNYDER, ELLIOTT H.
Birth Date:	Feb. 17, 1963		Patient Id:	0000000000176204	Assignment Start: May. 3, 1999
Age:	47 Years	Sex: Female	Medical Record:	00176204	Assignment End: Jun. 14, 1999

Chart Date: 01/10/00 15:30		Clinician:	RODRIGUEZ,EFRAIN
Service Reporting	End Tm Coord		15:35
	Start Tm Coord		15:30
Presenting Information	Charting To		psych illness, medical illness
	Contact with		individual
	Residence Code		other
	Setting(s)		office
	Type of Contact		phone call to, other (written letter)
Actions/Referral	Interventions		ensure svc deliv, monitoring/FU (Client was called regarding missed appt on 1/5/00. Also, letter was sent advising that she call the clinic ASAP to reschedule.)
Chart Date: 03/26/01 15:40		Clinician:	CALABRO, SARA C. LMFT
Service Reporting	End Tm Coord		15:54
	Start Tm Coord		15:40
	Svc Coord F-to-F		w/individual
	Svc Coord Phone		w/othr collaterl
Presenting Information	Charting To		psych illness, beh/psychosocial
	Contact with		individual
	Individual		("I have an appointment today, but they will not let me see the doctor until I see you." Consumer was flagged med only and states that she did not receive a letter from DMS.)
	Setting(s)		office
	Type of Contact		office appt
Actions/Referral	Interventions		linked/new svc, monitoring/FU, consultation (called VO and got a referral to Hunt County MHMR for consumer. Called Hunt County MHMR and gave consumer an appointment for 4-10-01. Consumer will see Dr. Tan to get two weeks of medication before her appointment.)
Chart Date: 09/27/00 13:10		Clinician:	EDWARDS, CATHY D. QMHP
Service Reporting	Additional Coord		monitoring, advocacy, linkage
	Start Tm Add'l		13:15
	Total Tm Add'l.		45min
Presenting Information	Charting To		psych illness, beh/psychosocial
	Contact with		other
	Residence Code		other
	Setting(s)		office
	Type of Contact		other
Actions/Referral	Interventions		ensure svc deliv, linked/new svc, monitoring/FU

Fund (5) - Dept (4) - Acct (6) - Year (4)

REQUEST FOR PAYMENT BY APPOINTED COUNSEL 120 4435 1615

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Pgm (4) - Project (5) - Grant (5) - Future

Appointment Date: 9/23/09 Disposition Date: 11/5/10 Partial/Supplemental Payment Request: (YES) NO -0000

Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAPITAL MURDER	F09.59380	CAPITAL DEATH PENALTY	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF BY EITHER A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "D".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

COUNTY AUDITOR DALLAS COUNTY, TEXAS 2011 JAN 20 PM 4:10

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL ☐ $720 (Full day) ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☒ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $ 59,512.50 for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."* See attached invoice.

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."* Search Made for previous payment By _____ Date _____

☐ F. I request payment for expert witness/investigator expenses in the amount of $_____ for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 59,512.50 COURT APPROVED AMOUNT: $ 59,512.50

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 1/18/11

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name: PAUL J. JOHNSON State Bar No. 10778230

Mailing Address: 1825 MARKET CENTER BLVD #320, DALLAS, TX 75207
Number Street Suite City State Zip

Telephone: 214 761 0707 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

1/20/11 _____
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1464

STATE OF TEXAS VS GARY GREEN
Cause No. F09-59380
282nd Judicial District Court

DATE	ACTIVITY	HOURS
09/23/09	Appt'd to represent Defendant (D), conf w/ Judge (J), District Attorney (DA), Jail visit w/ D	4.5
09/24	Review media coverage of case	1.5
09/24	conf w/ D's family	1.0
09/25	conf w/ DA, review of case	1.0
10/06	conf w DA re; examing trial	1.0
10/16	Examining Trial, conf w/ DA	1.5
10/27	conf w/ DA re statusre; grand jury	1.0
11/11	conf w/ DA re status of seeking death penalty	1.5
11/17	conf w/ D's family ; case review	1.5
11/18	1st setting, conf w/ DA	1.0
11/25	Jail visit w/ D, review of case	1.5
12/08	conf w/ DA re DNA samples	1.0
12/11	Court Hearing on DNA samples, conf w/ attys	2.5
12/16	conf w/ Ds mom re; case status	.5
1/5/10	review and preparation of motions	1.5
1/06	conf w attys re: motions, review e-mail (REM) re: death penalty motions	2.0
1/12	conf w/ Brady Wyatt (BW) re case status	2.0
1/13	jail visit wi/ D re case status and state's seeking DP	1.5
1/20	conf w/ BW re motions, case status	1.0
1/21	conf w/ Dr. Kelly Goodness (KG) office re mitigation work on case, necessary motions, REM re motions and orders for retainer	1.5
1/28	court appearance, atty conference	1.5
2/5	conf w/ KG re mitigation	.5
2/10	conf w/ J, Andy Beach (AB), re hearing on 2/11	1.0
2/11	hearing on state's motion of intent to seek DP, scheduling conference	1.25
2/23	conf w/ AB an DA Inv, receipt of discovery	1.5
2/25	review of discovery	4.5
2/27	review of discovery	6.5
3/2	conf w/ co counsel re case status and discovery	1.0

3/5	conf w/ AB re discovery and case status/ scheduling conference w/ co-counsel Kobby Warren (KW)	1.25
3/6	review discovery	6.0
3/10	court appearance and atty conference	.75
3/20	discovery review	5.5
3/24	meet w/ DA inv re discovery and duplication of materials	2.0
3/25	conf w/ AB re discovery and trial scheduling	1.5
3/29	conf w/ AB re discovery	.5
3/30	preparation and duplication of discovery for co -counsel	6.5
4/1	conf w/ KG re discovery materials and mitigation	1.0
4/5	conf with investigator Jeff Gardner(JG) re case	.75
4/6	conf w/ AB re possible trial dates	1.0
4/9	conf w/ KG office, REM from KG	1.0
4/12	conf w/ Judge re ex-parte motions and orders, conf w KG preparation of motions and orders	3.0
4/12	transcribe Ds confession	4.25
4/13	ex parte conf w/ Judge, conf w/ DAs re scheduling	.75
4/16	transcribe witness interviews from video	4.0
4/17	transcribe witness interviews from videos	9.0
4/19	conf w/ KG	.50
4/19	REM re: Dr. Gilbert Martinez (GM) as psych expert	1.0
4/21	conf w/ KG, REM from KG	.75
4/23	REM from KG re: initial neuropsych testing	1.5
4/24	REM from KG re initial records review	1.25
4/25	review discovery and mitigation	3.5
5/3	rem from KG re: neuropsych	.25
5/3	rem from Wes Parks (WP), Dr. Goodness' asst	.25
5/5	conf w/ KG	.50
5/5	rem from GM	.25
5/7	conf w/ KG re mitigation	.25
5/8	review mitigation reports and status	2.5
5/10	rem from KG, t/c to KG, rem from GM	.75
5/13	rem from KG re billing	.25
5/14	rem from KG to GM re psych status	.25
5/19	rem from Wes Parks (WP) re records request	1.0
5/22	review discovery materials/ prep trial notebook	6.0
5/27	review discovery materials/ prep trial notebook	3.0
6/8	conf w/ KG re mitigation	.5
6/11	rem from WP re meeting with Ds family	.25
6/14	meeting w/ Ds family re case status	1.25

6/15	rems from KG and GM	.25
6/19	review discovery and mitigation materials	4.25
6/21	rem from KG, t/c to KG re GMs status and report	.25
6/23	rem from KG re Ds psych and school records	1.0
6/30	rem from KG, t/c with KGs office re discovery	.25
7/1	conf with co counsel re case status	2.0
7/6	review of KG analysis of Ds jail psych and timberlawn rec	3.75
7/7	conf w/ KG, rem from KG, rem from GM	.75
7/8	review Ds psych evaluation, rem from KG, conf w/ KG re Dr. David Self (DS)	2.0
7/9	conf w KG, BW, and collateral interviews in field	7.0
7/12	review of mitigation and review of email re; collateral witness interviews	4.0
7/16	pretrial conference	2.0
7/21	conf w/ KG	.25
7/22	conf w/ DA re special venire	1.0
7/23	Special Venire (am and pm), conf w/ attys	8.0
7/28	conf w/ Dr. Kristy Compton re competency exam	.75
7/29	prepare motions and orders for Dr. Compton	1.25
7/30	conf w J re ex parte motions and orders	.50
8/2	preparation and collection of materials for Pre trial motions	7.5
8/3	preparation of pretrial motions and table of contents	5.5
8/4	review of discovery materials and mitigation materials	7.0
8/5	conf w Josh Healy (JH) and BW re discovery, scheduling and voir dire	2.0
8/6	conf w/ GM re MRI exam of D	.75
8/6	conf w/ JH, BW re Questionaires	.75
8/6	conf w/ Dr. Compton re Ds competency	.50
8/7	conf w/ co counsel re Questionaires	1.5
8/7	read and grade Questionaires	3.5
8/8	read and grade Questionaires	6.5
8/9	conf w/ JH re jurors	.25
8/9	conf w/ BW, KW re Qs	1.0
8/9	discovery review, read Qs	7.25
8/10	rem from KG re Dr. Self	.25
8/10	conf w/ JH and JenBen, trade Jurors	1.75
8/10	read Qs	2.00
8/10	review discovery and Questionaires (Qs)	3.00
8/11	conf w John Tatum re appealate and constitutional motions	2.75

8/11	conf w/ KG re mitigation and collateral interviews	4.0
8/11	call up extra jurors to fill out Qs	6.25
8/12	ex parte motion for MRI, trip to Sheriffs dept	1.5
8/16	conf w/ co counsel and investigator re witness status	2.5
8/16	discovery review	2.0
8/17	conf w/ Dr. Self re Ds psych status	1.5
8/17	review of voir dire materials	3.0
8/18	confs w/ KG and Investigator Jeff Gardner re mitigation and witness location	4.25
8/20	rem from KG re: Dr Graysmith as expert	.25
8/20	conf w/ KG , Dr. Self and BW; conf w Carolyn Foster at Parkland re MRI	4.5
8/22	revew prior voir dire transcripts, review voir dire legal materials, read Qs	9.0
8/23	voir dire, conf w/ co counsel, read Qs	10.0
8/24	voir dire, conf w/ co counsel	10.5
8/25	voir dire, conf w/ co counsel, read Qs	11.0
8/26	voir dire, conf w/ co counsel, juror reviews	10.5
8/26	conf w/ KG re Dr graysmith, rem re orders	.25
8/28	review of discovery and trial notebook	2.5
8/29	preparation for voir dire and case review	3.5
8/30	voir dire, case review	11.0
8/31	voir dire, case review	10.5
9/1	voir dire, juror and case review	10.5
9/1	conf w/ KG	.5
9/2	voir dire, juror and case review	9.5
9/5	mitigation and discovery review	2.0
9/6	case review and voir dire preparation	2.5
9/7	voir dire, juror and case review	10.5
9/8	voir dire, juror and case review	9.5
9/9	voir dire, juror and case review	11.0
9/10	voir dire, juror and case review	9.5
9/11	review discovery and mitigation materials	4.0
9/12	review trial notebook and Qs	3.0
	TOTAL HOURS THROUGH 9/12/10-	**396.75 hours**

409420 4435-6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: 9/23/09 Disposition Date: 11/5/10 Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAPITAL MURDER	F09 59380 CAPITAL -1	DEATH PENALTY	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

COUNTY AUDITOR DALLAS COUNTY DALLAS, TEXAS FEB 25 PM 3:43

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — (JURY TRIAL) — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL..... ☐ $720 (Full day)..... ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☒ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $67,350.00 for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."* See attached statement.

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."* MAR 08 2011 SN

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ F. I request payment for expert witness/investigator expenses in the amount of $_____ for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 67,350.00 **COURT APPROVED AMOUNT:** $ 67,350.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 2/25/11

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name Dave J. Johnson State Bar No. 10778230

Mailing Address: 1825 Market Center Blvd #320, Dallas, TX 75207
Number Street Suite City State Zip

Telephone: 214 761 0707 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

2/25/11 _____
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1469

STATE OF TEXAS VS GARY GREEN

Cause No. F09-59380

282nd Judicial Court

DATE	ACTIVITY	HOURS
9/13/09	voir dire, conf w/ co counsel, juror and case review	10.5
9/14	voir dire, juror and case review	9.0
9/15	voir dire, juror and case review	9.5
9/16	voir dire, juror and case review, conf w co counsel	9.5
9/20	voir dire, juror and case review	10.0
9/21	voir dire, review new Questionnaires (Qs)	12.0
9/22	voir dire, juror and case review	9.0
9/23	voir dire, juror and case review	9.5
9/24	conf w/ KG	1.0
9/24	review of mitigation files	3.5
9/25	review of mental health files, research on same	4.0
9/26	review trial notebook, Qs, mental health issues	6.5
9/27	voir dire, conf w/ KG, multiple witness interviews	13.0
9/28	voir dire, juror and case review, conf w/ co counsel	11.5
9/29	voir dire, review trial notebook, juror review	11.0
9/30	voir dire, conf w/ KG, juror and case review	11.5
10/1	discovery review, read juror Qs, conf w/ S.O. Woods (SOW) re expert testimony and trip to Huntsville, preparation of ex parte motions and orders	7.5
10/2	review of materials re: psycopathy	4.0
10/3	research and review of materials re; schizoaffective d/o and related diagnosis	5.5
10/4	voir dire, juror and case review	10.5
10/5	Pre trial hearing and voir dire, juror and case review, conf w/ KG, conf w/ SOW	10.0
10/6	voir dire, conf w/ co counsel, juror and case review, conf w/ SOW	11.0
10/7	voir dire , juror and case review, mitigation prep	8.5
10/8	research and review re: mental health issues	4.5
10/9	preparation re mitigation witnesses	3.5
10/10	review and prep of mitigation case, conf w/ SOW	4.0
10/11	voir dire, conf w cocounsel, interview witnesses from Timberlawn, juror and case review	11.0

10/12	voir dire, juror and case review, prepare new orders for MRI at parkland	10.0
10/13	voir dire, juror and case review, conf w/ Judge re MRI	9.5
10/14	voir dire, conf w/ cocounsel, meeting at airport hotel w/ KG and Dr. Self re psych status and mitigation	12.0
10/15	trip to Huntsville, Tx to meet w/ SOW and conduct tours of prison facilities, discuss expert testimony	14.0
10/16	review case files and discovery, mitigation review	7.0
10/17	review discovery and mitigation files	4.0
10/18	trial preparation re; mental health issues, lunch conf w/ BW and KW re mitigation, t/c w/ KG, review confession transcripts for editing by DA	8.5
10/19	court hearing on disabled juror. conf w/ DAs, conf w/ cocounsel and appellate counsel, review mitigation assignments, conf w/ KG	8.0
10/20	conf w/ cocounsel, review mitigation witnesses, trial review, conf w/ KG	6.5
10/21	case file and mitigation review, trial prep, review mental health issues, conf/ w/ KGs staff	5.0
10/22	conf w/ cocounsel, mitigation experts, preparation for mitigation witnesses at trial, conf w/ DAs re scheduling conf w/ investigator and Wes Parks, conf w/ Dr. Gilbert Martinez re psych testimony	7.0
10/23	trial preparation and review of case files	5.5
10/24	final trial prep, review of discovery, witness stmts, conf w/ KG re trial strategy	6.0
10/25	Final pre-trial hearing, conf w/ cocounsel, case and file review, interview mitigation witnesses	6.5
10/26	Trial on merits, conf w/ cocounsel and KG	11.0
10/27	Trial on merits, conf w/ cocounsel and KG	11.5
10/28	Trial on merits, receive verdict, field interviews and final preparation of mitigation witnesses	12.0
10/29	conf w/ cocounsel, preparation of mitigation witnesses conf w/ Dr. Graysmith re expert testimony, conf w/ KG interview states punishment witnesses	8.5
10/30	trial preparation and review of states expert witness prior testimony in previous DP trials	7.5
10/31	trial preparation, prepare direct exam of Dr. Graysmith conf w/ KG, Dr. Self, Dr. Martinez. Josh Healy, Jennifer Bennett and co counsels	6.0

11/1	*Trial on merits and preparation for following day*	*13.0*
11/2	*Trial on merits and preparation for following day*	*12.5*
11/3	*Trial on merits, conf w/ cocounsel and prep for following day*	*13.0*
11/4	*Trial on merits, preparation for closing arguments*	*14.0*
11/5	*Trial on merits, receive verdict, close case*	*9.5*
	TOTAL HOURS FROM 9/13 THROUGH 11/5	***449 hours***

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9·00	÷	054	
9·50	+		449·00 %
9·50	+		
10·00	+		449·00 x
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14·00	+		

REQUEST [redacted] PAYMENT BY APPOINTED CO[redacted]

4435-10 U8-

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Gary Green § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Dates of Jail Visits: 7-22-10, 7-21-10

OFFENSE:	CASE NO.:	GRADE:
Capital Murder	F0959380	FX

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE, ADDITIONAL COMPENSATION MAY BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL--AGREED PLEA--OPEN PLEA--JURY TRIAL--TBC--REVOCATION HEARING--COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):

☐ PROBATION VIOLATION.....$300	☐ STATE JAIL/3RD DEGREE FELONY.....$[illegible]00
☐ 2ND DEGREE FELONY.....$500	☐ 1ST DEGREE FELONY/MINI-CAP.....$[illegible]00
☐ CONTESTED TRIAL.....☐$800 (Full day).....☐$400 (Half day)	
☐ COMPETENCY HEARING.....☐$600 (Contested).....☐$300 (Agreed)	

COUNTY AUDITOR DALLAS COUNTY TEXAS 2010 SEP 13 PM 12:24

☐ B. I request additional compensation (at the rate of $100 per hour) in the amount of $ _____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☑ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $ 41,025.00 for services performed and/or $ _____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal/Writ. I request compensation (at the rate of $100 per hour) in the amount of $ 17 for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☑ E. I request payment for ~~expert witness/investigator~~ expenses in the amount of $ 1,969.25 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ _____ COURT APPROVED AMOUNT: $ 42,994.25

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 9/20/10

Previous Payment

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____

Name Brady Wyatt State Bar No. 24008313

Mailing Address: 3300 Oak Lawn 600 Dallas TX 75219
Number Street Suite City [redacted] Zip

Telephone: 214-359-9115 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

9/19/10
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1474

STATE OF TEXAS v. GARY GREEN
Cause Number F09-59380-S
282nd Judicial District Court

DATE	ACTIVITY	HOURS
01/12/10	Mtg. with Counsel Paul Johnson	2.00
01/20/10	Mtg. with Counsel Paul Johnson	1.50
02/20/10	Review of Colorado Method CLE	2.50
03/30/10	Pick up discs/discovery, organize discovery	2.00
04/13/10	Organize discovery and file	3.50
04/14/10	Read Grand Jury transcripts	3.50
06/03/10	Read discovery	3.00
07/01/10	Mtg. with Co-counsel, Paul Johnson and Kobe Warren	1.50
07/05/10	Read discovery and organize file	5.00
07/08/10	Read mitigation evidence	2.00
07/09/10	Mitigation work and forensic interviews	7.00
07/11/10	Discovery review	4.00
07/12/10	Discovery review	6.00
07/13/10	Discovery review	3.00
07/14/10	Discovery review	6.00
07/15/10	Discovery review	4.50
07/16/10	Discovery review	2.50
07/18/10	Discovery review	5.50
07/20/10	Discovery review	2.00
07/21/10	Jail visit, clothing , calls to D's mother	5.00
07/22/10	Jail visit, clothing and filing	5.00
07/23/10	Large venire panel	3.25
07/24/10	Discovery review	3.00
07/26/10	Clothing for Mr. Green	2.00
07/31/10	Discovery review	2.00
08/01/10	Read file and CPS records	4.50
08/04/10	Read file	2.00
08/05/10	Dropped juror list discs for copying	2.00
08/06/10	Picked up and distributed copies of juror questionnaires	5.00
08/08/10	Read juror questionnaires	11.00
08/09/10	Meeting with co-counsels and read qrs., picked up copied discs	5.00
08/10/10	Read juror qrs.	6.00
08/11/10	Read juror qrs.	8.00
08/12/10	Read juror qrs.	6.00
08/13/10	Picked up motions and delivered to co-counsel	1.00
08/15/10	Read juror qrs.	6.00
08/16/10	Copy and Fedex interviews to experts	2.00

08/18/10	Pick up copied discs and delivered to co-counsels, read qrs	5.00
08/25/10	Juror selection, cds and review, tailor for Mr. Green	10.00

STATE OF TEXAS v. GARY GREEN (CONT.)

DATE	ACTIVITY	HOURS
08/26/10	Juror selection, and mtg with co-counsels	10.00
08/23/10	Voir dire	7.00
08/24/10	Voir dire and meeting with co-counsels	8.00
08/27/10	Interviews to experts	1.50
08/29/10	Read qrs.	3.00
08/30/10	Voir dire and read qrs.	9.00
08/31/10	Voir dire and read qrs.	8.00
09/01/10	Voir dire and read qrs., mtg w/State	9.00
09/02/10	Voir dire	7.00
09/07/10	Voir dire	7.00
09/09/10	Voir dire, read expert report	7.25
09/10/10	Voir dire	7.00
09/12/10	Read juror qrs.	3.50
09/13/10	Voir dire	7.00
09/14/10	Voir dire	8.00
09/15/10	Voir dire and purchase suit for Mr. Green	8.00
09/19/10	Read juror questionnaires	2.50
Total		**273.5x150**
		41025.00

EXPENSES

07/21/10	Purchase clothing for Mr. Green	321.48
07/26/10	Clothing hemmed	12.99
08/06/10	Paid for juror questionnaire copies	576.64
08/10/10	Paid for discovery copies	552.08
08/16/10	Sent Fedex to expert	27.84
08/16/10	Sent Fedex to expert	34.45
08/26/10	Paid for discovery copies	131.72
08/27/10	Sent Fedex to expert	40.42
09/15/10	Purchase clothing for Mr. Green	271.63
Total		**1969.25**

5.00	+
10.00	+
10.00	+
7.00	+
8.00	+
1.50	+
3.00	+
9.00	+
8.00	+
9.00	+
7.00	+
7.00	+
7.25	+
7.00	+
3.50	+
7.00	+
8.00	+
8.00	+
2.50	+
273.50	=
273.50	x
150.00	=
41,025.00	*

found

41,025.00M+

321.48	+
12.99	+
576.64	+
552.08	-
27.84	+
34.83	+
131.72	-
49.42	+
271.63	-
1,986 25	=

1,986.25M+

2.00	+
1.50	+
2.50	+
2.00	+
3.50	+
3.50	+
3.00	+
1.50	+
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2.00	+
7.00	+
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4.50	+
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2.00	+
5.00	+
11.00	+
5.00	+
6.00	+
8.00	+
6.00	+
1.00	+
6.00	+
2.00	-

P1

1477

[redacted] DEATH PENALTY

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

4435-6185

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Craig Jones § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: 11/5/10 Partial/Supplemental Payment Request: (YES) NO
Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:
Capital Murder	F09 59380 -1	X

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE, ADDITIONAL COMPENSATION MAY BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL—AGREED PLEA—OPEN PLEA—JURY TRIAL—TBC—REVOCATION HEARING—COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION.....$300
- ☐ 2ND DEGREE FELONY.....$500
- ☐ STATE JAIL/3RD DEGREE FELONY.....$[illegible]00
- ☐ 1ST DEGREE FELONY/MINI-CAP.....$[illegible]00
- ☐ CONTESTED TRIAL.....☐$800 (Full day).....☐$400 (Half day)
- ☐ COMPETENCY HEARING.....☐$600 (Contested).....☐$300 (Agreed)

DALLAS COUNTY AUDITOR 10 DEC 29 PM 1:

☐ B. I request additional compensation (at the rate of $100 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☑ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $ 57,119.50 for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

DEC 07 2010 SB

☐ D. Appeal/Writ. I request compensation (at the rate of $100 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☑ E. I request payment for expert witness/investigator expenses in the amount of $ 473.56 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 57,586.06 **COURT APPROVED AMOUNT: $** 57,586.06

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____ Attorney at Law. Date: 11-30-10 12/01/10

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____

Name Brady T. Wyatt III State Bar No. 24006823

Mailing Address: 3300 Oak Lawn Ste. 600 Dallas TX 75219
Number Street Suite City State Zip

Telephone: 214-559-9115 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount stated above.

12/29/10 _____
Date Judge

1478

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

PAY AS ORDERED

STATE OF TEXAS v. GARY GREEN

Date	Activity	
09/16/10	Voir dire and questionnaire review	9.00
09/20/10	Voir dire and defense meeting	11.50
09/21/10	Voir dire and defense meeting, collateral interviews	14.00
09/21/10	Voir dire and new questionnaires	11.00
09/22/10	Voir dire and questionnaire review	10.25
09/23/10	Voir dire and questionnaire review	9.25
09/26/10	Read questionnaires	6.00
09/27/10	Voir dire and interviews	13.50
09/28/10	Voir dire and defense meeting	13.00
09/29/10	Voir dire and questionnaire review	11.25
09/30/10	Voir dire and questionnaire review	11.00
10/01/10	Read questionarries and reviewed interview notes	6.50
10/03/10	Read questionnaires and reviewed discovery	8.50
10/04/10	Voir dire and questionnaire review	10.50
10/05/10	Pretrial hearing and voir dire	10.00
10/06/10	Voir dire and defense meeting	11.50
10/07/10	Voir dire and questionnaire review	7.50
10/10/10	Review discovery and questionnaires	6.50
10/11/10	Voir dire and Timberlawn interview	13.50
10/12/10	Voir dire	11.50
10/13/10	Voir dire	11.00
10/14/10	Voir dire and defense meeting	14.00
10/15/10	Penitentiary visits and expert meeting	14.00
10/18/10	Review discovery and interviews	6.00
10/19/10	Hearing on Juror and defense meeting	5.00
10/20/10	Defense meeting, review interviews and assignments	5.00
10/22/10	Meeting with mitigation experts and defense meeting	8.50
10/24/10	Preparation for trial	7.50
10/25/10	Pretrial hearing and trial preparation	9.00
10/26/10	Trial	10.00
10/27/10	Trial	10.00
10/29/10	Defense meeting, review interviews and assignments	8.00
10/31/10	Trial preparation	8.00
11/01/10	Trial	10.00
11/02/11	Trial and defense meeting	13.00
11/03/10	Trial and defense meeting	13.00
11/04/10	Trial	12.00
11/05/10	Trial	11.00
		380.75 hours

33000
VDIRE 22 1479 24000
other 160

EXPENSES

10/08/10		Hotel	67.75 ✓
10/20/10		K&G Center	255.75 ✓
	Tailor suit		23.82 ✓
11/02/10	Toner for copier		122.24 ✓
			$473.56

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Gary GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: (YES) / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAPITAL MURDER	F09-59380		

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

SEP 21 AM 11:24 DALLAS COUNTY TEXAS

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL..... ☐ $720 (Full day).....☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested)☐ $270 (Agreed)

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☑ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $17,625.00 for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

SEP 28 2016

☐ F. I request payment for expert witness/investigator expenses in the amount of $_____ for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 17,625.00 **COURT APPROVED AMOUNT: $** 17,625.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 9-20-2016

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name Robby T Warren State Bar No. 24028113

Mailing Address: 3838 Oak Lawn Ave 1350 Dallas TX 75219
Number Street Suite City State Zip

Telephone: 214-651-6250 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

9/19/16
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1481

DETAILED LIST OF LEGAL SERVICES PROVIDED

State of Texas
vs. GARY GREEN 282nd JDC F09-59380-S

Attorney: Kobby T. Warren, TX Bar No: 24028113

DATES	ACTIVITY	
1/2010	Mtgs w/ Atty Paul Johnson	
2/19/10	Jail Visit w/ Co-Counsels	
2/23/10	Jail Visit	
2/24/10	Jail Visit	
3/2/10	Jail Visit	
4/2/10	Pick Up & Start Organizing Discovery	
4/12/10	Organize Discovery	
4/13/10	Organize Discovery	
5/2010	Mtgs w/ Atty Paul Johnson	
6/2010	Mtgs w/ Atty Paul Johnson	
7/1/10	Mtg w/ Attys Paul Johnson & Brady Wyatt	
7/9/10	Discovery Review	
7/13/10	Discovery Review	
7/14/10	Discovery Review	
7/15/10	Discovery Review	
7/16/10	Discovery Review	
7/18/10	Discovery Review	
7/19/10	Discovery Review	
7/20/10	Discovery Review	
7/21/10	Jail Visit	
7/23/10	Large Venire Panel	
8/9/10	Mtg w/ Attys Paul Johnson & Brady Wyatt	
8/10/10	Voir Dire & Mitigation Mtg	
8/10/10	Juror Packet Review	
8/11/10	Jury Panel	
8/13/10	Discovery Review	
8/15/10	Juror Packet Review	
8/16/10	Mtg w/ Attys Paul Johnson & Brady Wyatt	
8/16/10	Juror Packet Review	
8/17/10	Discovery Review, Set Up Dr Mtgs	
8/18/10	Jail Visit	
8/18/10	Pick Up & Review Voir Dire Transcript, Discs	6.00
8/18/10	Juror Packet Review	4.00
8/22/10	Juror Packet Review	10.00

TOTAL: 117.50

1163506

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Gary Green § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: 11-5-10 Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
Capital Murder	F09-39380-I	CAPITAL	
	39380		

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — (JURY TRIAL) — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP.....$540
- ☐ CONTESTED TRIAL ☐ $720 (Full day)..... ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)

COUNTY AUDITOR DALLAS COUNTY DALLAS, TEXAS 10 NOV 22 PM 12:12

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☑ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

DEC 07 2010 SK

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ F. I request payment for expert witness/investigator expenses in the amount of $_____ for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 90,712.50 **COURT APPROVED AMOUNT: $** 90,712.50

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 11-22-10

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name Kelly T Warren State Bar No. 24028113

Mailing Address: 3838 Oak Lawn Ave 1350 Dallas TX 75219
(Number, Street, Suite, City, State, Zip)

Telephone: 214-651-6250 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

11/22/10 _____
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

SK 1483 4/30/10

DETAILED LIST OF LEGAL SERVICES PROVIDED

State of Texas
vs. GARY GREEN 282nd JDC F09-59380-S

Attorney: Kobby T. Warren, TX Bar No: 24028113

DATES	ACTIVITY	LENGTH
8/23/10	Voir Dire & Juror Packet Review	11.00
8/24/10	Voir Dire & Juror Packet Review & Mtg w/ Attys	11.50
8/25/10	Voir Dire & Juror Packet Review	10.00
8/26/10	Voir Dire & Juror Packet Review	11.50
8/27/10	Voir Dire & Juror Packet Review	11.50
8/29/10	Juror Packet Review	8.00
8/30/10	Voir Dire & Juror Packet Review	10.50
8/31/10	Voir Dire & Juror Packet Review	9.50
9/1/10	Voir Dire & Juror Packet Review & Mtg w/ State	11.50
9/2/10	Voir Dire & Juror Packet Review	8.00
9/5/10	Juror Packet Review	4.50
9/6/10	Juror Packet Review	4.00
9/7/10	Voir Dire & Juror Packet Review	9.50
9/8/10	Voir Dire & Juror Packet Review	10.00
9/9/10	Voir Dire & Juror Packet Review	9.00
9/10/10	Voir Dire & Juror Packet Review	8.00
9/12/10	Juror Packet Review	4.00
9/13/10	Voir Dire & Juror Packet Review	10.00
9/14/10	Voir Dire & Juror Packet Review	10.50
9/15/10	Voir Dire & Juror Packet Review	11.50
9/16/10	Voir Dire & Juror Packet Review	9.00
9/19/10	Juror Packet Review	4.50
9/20/10	Voir Dire & Juror Packet Review & Mtg w/ Attys	11.50
9/21/10	Voir Dire, Packet Review, Atty Mtg & Interviews	14.00
9/22/10	Voir Dire & Juror Packet Review	10.25
9/23/10	Voir Dire & Juror Packet Review	9.25
9/26/10	Juror Packet Review	5.50
9/27/10	Voir Dire, Packet Review, & Interviews	13.50
9/28/10	Voir Dire, Packet Review, Atty Mtg	13.00
9/29/10	Voir Dire & Juror Packet Review	11.25
9/30/10	Voir Dire & Juror Packet Review	11.00
10/1/10	Discovery Review	9.00
10/3/10	Juror Packet & Interview Review	8.50
10/4/10	Voir Dire & Juror Packet Review	10.50
10/5/10	Pre-Trial Hearing, Voir Dire & Juror Pckt Review	10.00
10/6/10	Voir Dire, Defense Mtg & Juror Packet Review	11.50

10/7/10	Voir Dire & Juror Packet Review	7.50
10/10/10	Juror Packet Review & Discovery Review	6.50
10/11/10	Voir Dire, Tmbrlawn Mtg & Juror Packet Review	13.50
10/12/10	Voir Dire & Juror Packet Review	11.50
10/13/10	Voir Dire & Juror Packet Review	11.00
10/14/10	Voir Dire & Defense Meeting	14.00
10/15/10	Penitentiary Visits & Expert Mtgs	14.00
10/17/10	Discovery Review	10.50
10/18/10	Trial Preparation	7.00
10/19/10	Hearing on Juror & Defense Mtg	5.00
10/20/10	Defense Mtg & Review Assignments	5.00
10/21/10	Trial Preparation	5.00
10/22/10	Defense & Mitigation Expert Mtg & Trial Prep	8.50
10/23/10	Trial Preparation	4.00
10/24/10	Trial Preparation	8.00
10/25/10	Pre-Trial Hearing & Trial Preparation	10.00
10/26/10	TRIAL	10.00
10/27/10	TRIAL	10.00
10/28/10	TRIAL & Mitigation Interviews	13.50
10/29/10	Defense Mtg & Mitigation Preparation	8.00
10/30/10	Mitigation Preparation	9.50
10/31/10	Mitigation Preparation	7.50
11/1/10	TRIAL	10.00
11/2/10	TRIAL & Defense Meeting	13.00
11/3/10	TRIAL & Defense Meeting	13.00
11/4/10	TRIAL	12.00
11/5/10	TRIAL	11.00
	TOTAL:	604.75

Robert F. Warren

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REQUEST FOR PAYMENT BY APPOINTED COUNSEL

120-14220-

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:
CAPITAL MURDER	F09-59380	CAPITAL DEATH

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE, ADDITIONAL COMPENSATION MAY BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL--AGREED PLEA--OPEN PLEA--JURY TRIAL—TBC--REVOCATION HEARING--COMPETENCY HEARING

JUL 27 2010

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION.....$300
- ☐ STATE JAIL/3RD DEGREE FELONY.....$400
- ☐ 2ND DEGREE FELONY.....$500
- ☐ 1ST DEGREE FELONY/MINI-CAP.....$600
- ☐ CONTESTED TRIAL.....☐$800 (Full day).....☐$400 (Half day)
- ☐ COMPETENCY HEARING.....☐$600 (Contested).....☐$300 (Agreed)

☐ B. I request additional compensation (at the rate of $100 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal/Writ. I request compensation (at the rate of $100 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ E. I request payment for expert witness/investigator expenses in the amount of $ 15,000 for services performed as listed on the attached itemized bill. Deposit pursuant to attached ct. order

TOTAL AMOUNT REQUESTED: $ 15,000 **COURT APPROVED AMOUNT:** $ 15,000.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant, and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services:

_____, Attorney at Law. Date: 7/2/10

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 115652)

Name KELLY R. GOODNESS State Bar No. 00778230

Mailing Address: 121 Olive Street, Keller, TX 76248
Number Street Suite City State Zip

Telephone: 817 379 4663 Soc. Sec. No: _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

7/2/10 _____ 1488
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Attached

EXHIBIT 34 Page 1

CAUSE NO.: F09-59380-S

THE STATE OF TEXAS	IN THE 282nd JUDICIAL
VS	DISTRICT COURT OF
GARY GREEN	DALLAS COUNTY, TEXAS

ORDER ON EX PARTE MOTION FOR EXPERT ASSISTANCE IN INDIGENT CASE, SEALED

On this the _____ day of _____, 2010, came to be heard the above and foregoing Motion. After consideration of the same, it is the order of the Court that said motion is hereby:

GRANTED DENIED

IF GRANTED, it is ORDERED that the defense be authorized to hire Dr. Kelly Goodness as an expert, and that the County Auditor is ORDERED to pay a $15,000 deposit to Dr. Goodness, 121 Olive Street, Keller, Texas 76248, and to issue appropriate payments for future invoices in an amount not to exceed $25,000 in fees and $5,000 in expenses without prior approval.

IT IS FURTHER ORDERED that this motion shall be sealed and not subject to inspection by the public or the State of Texas until the conclusion of the trial in this matter.

JUDGE

1489

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
4/30/2010	02-16744

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
3 29/2010	Dr. Goodness: Attorney Consultation	200.00	0.08	16.00
4/1/2010	Dr. Goodness: Attorney Consultation.	200.00	0.5	100.00
4 12/2010	Dr. Goodness: Records review and attorney consultation.	200.00	2.5	500.00
4 13/2010	Dr. Goodness: Records Review	200.00	1	200.00
4 16/2010	Roundtrip Mileage to Dallas County Jail	0.55	73.6	40.48
4 16/2010	Parking Fees	5.00	1	5.00
4 16/2010	Dr. Goodness: Psychological Evaluation	200.00	4	800.00
4 16/2010	Mitigation packet.	79.00	1	79.00
4 16/2010	Administered testing	45.00	3	135.00
4 16/2010	Roundtrip mileage: Wes Parks	0.55	55	30.25
4 16/2010	Parking Fees: Wes Parks	5.00	1	5.00
4 19/2010	Dr. Goodness: Attorney Consultation	200.00	0.25	50.00
4 19/2010	Dr. Goodness: Expert Consultation and attorney consultation.	200.00	0.5	100.00
4 20/2010	Dr. Goodness: Records Review	200.00	6	1,200.00
4 21/2010	Dr. Goodness: Records Review	200.00	2	400.00
4 26/2010	Parking Fees: Wes Parks	5.00	1	5.00
4 26/2010	Roundtrip Mileage to Dallas County Jail	0.55	54.1	29.76
4 30/2010	Case management and assistance	35.00	1.6	56.00
4 30/2010	Administrative Assistance: revised interview notes and genogram; dictation, and collateral interview.	30.00	5.75	172.50

Thank you!

Total	$3,923.99
Payments/Credits	$-3,923.99
Balance Due	1490.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

$13884.07 + 1115.93 = 15000

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
6/30/2010	02-16952

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
5/5/2010	Dr. Goodness: Attorney Consultation	200.00	0.5	100.00
5/7/2010	Dr. Goodness: Attorney Consultation	200.00	0.08	16.00
5/7/2010	Dr. Goodness: Expert Consultation	200.00	0.33	66.00
5/26/2010	Dr. Goodness: Expert Consultation	200.00	0.33	66.00
6/8/2010	Dr. Goodness: Attorney consultation and expert consultation.	200.00	0.16	32.00
6/21/2010	Dr. Goodness: Report Writing	200.00	2.5	500.00
6/23/2010	Dr. Goodness: Records Review	200.00	2	400.00
6/23/2010	Dr. Goodness: Expert Consultation	200.00	0.5	100.00
6/28/2010	Dr. Goodness: Records Review	200.00	0.5	100.00

Thank you!

Total	$1,380.00
Payments/Credits	$-1,380.00
Balance Due	1491 $0.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
7/8/2010	02-16970

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
7/6/2010	Dr. Goodness: Report Writing	200.00	0.5	100.00
7/6/2010	Dr. Goodness: Expert consultation and report writing.	200.00	0.75	150.00
7/7/2010	Dr. Goodness: Attorney Consultation	200.00	0.11	22.00
7/8/2010	Dr. Goodness: Mitigation investigation, report writing, attorney consultation, and expert consultation.	200.00	7	1,400.00
7/8/2010	Administrative Assistance: transcription of records review.	30.00	6	180.00
7/9/2010	Roundtrip Mileage to Dallas County Courthouse	0.55	73.6	40.48
7/9/2010	Parking Fees	5.00	1	5.00
7/9/2010	Dr. Goodness: Mitigation investigation, collateral-interviews and attorney consultation	200.00	8	1,600.00
7/9/2010	Administrative Assistance: Attended meeting at courthouse and collateral interviews; transcribed collateral interviews, etc.	30.00	8	240.00

Thank you!

Total	$3,737.48
Payments/Credits	$-3,737.48
Balance Due	1492.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
7/30/2010	02-17075

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
7/12/2010	Credit: Dr. Goodness: Psychological Evaluation: Deduct 1 hr from Dr. Goodness and Wes Park's future time for Friday 7/9 (only worked 7 hrs vs. 8 hrs as reported on last invoice).	-200.00	1	-200.00
7/12/2010	Credit: Case management and assistance: Deduct 1 hr from Dr. Goodness and Wes Park's future time for Friday 7/9 (only worked 7 hrs vs. 8 hrs as reported on last invoice).	-35.00	1	-35.00
7/12/2010	Dr. Goodness: Mitigation investigation, expert consultation and report writing.	200.00	4.5	900.00
7/12/2010	Case management and assistance	35.00	2.25	78.75
7/15/2010	Dr. Goodness: Collateral Interview	200.00	0.66	132.00
7/21/2010	Dr. Goodness: Attorney Consultation	200.00	0.16	32.00

Thank you!

Total	$907.75
Payments/Credits	$-907.75
Balance Due	1493.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
8/31/2010	02-17152

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
8/11/2010	Roundtrip Mileage to attorney meeting.	0.55	80	44.00
8/11/2010	Dr. Goodness: Attorney Consultation	200.00	3.75	750.00
8/16/2010	Case management and assistance: Telephone conference with PI.	35.00	0.25	8.75
8/17/2010	Case management and assistance: Telephone conference with PI.	35.00	0.2	7.00
8/18/2010	Dr. Goodness: Attorney Consultation	200.00	0.08	16.00
8/18/2010	Case management and assistance: Telephone conference with PI.	35.00	0.1	3.50
8/19/2010	Dr. Goodness: Expert Consultation	200.00	0.36	72.00
8/19/2010	Case management and assistance: Telephone conference with PI.	35.00	0.15	5.25
8/19/2010	Dr. Goodness: Records Review	200.00	4	800.00
8/20/2010	Dr. Goodness: Mitigation Investigation	200.00	6	1,200.00
8/20/2010	Case management and assistance: 3 telephone conferences with PI.	35.00	0.4	14.00
8/23/2010	Dr. Goodness: Collateral interview and report writing.	200.00	1.5	300.00
8/23/2010	Case management and assistance: Telephone conference with PI.	35.00	0.1	3.50
8/24/2010	Case management and assistance: Telephone conference with PI and email genomap to all.	35.00	0.13	4.55
8/27/2010	Case management and assistance: Telephone conference with PI and left message for attorney re funding, expert, etc.	35.00	0.15	5.25
8/30/2010	Case management and assistance: Telephone conference with PI.	35.00	0.15	5.25
8/31/2010	Case management and assistance: Telephone conference with PI.	35.00	0.08	2.80
8/31/2010	Dr. Goodness: Collateral interview and attorney consultation via email.	200.00	2	400.00
8/31/2010	Dr. Goodness: Report Writing	200.00	1	200.00

Thank you!

Total

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Payments/Credits

Balance Due 1494

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
8/31/2010	02-17152

PAID

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
8/31/2010	Administrative Assistance for August	30.00	3.1	93.00

Thank you!

Total	$3,934.85
Payments/Credits	$-3,934.85
Balance Due	$0.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
9/30/2010	02-17259

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
9/1/2010	Dr. Goodness: Attorney Consultation and note.	200.00	0.25	50.00
9/10/2010	Dr. Goodness: Collateral Interview and report writing.	200.00	2	400.00
9/13/2010	Dr. Goodness: Collateral Interview, report writing, and records review.	200.00	2	400.00
9/21/2010	Dr. Goodness: Expert Consultation.	200.00	2.5	500.00
9/24/2010	Dr. Goodness: Collateral Interview and attorney consultation.	200.00	2	400.00
9/24/2010	Roundtrip mileage to collateral interview.	0.50	240	120.00
9/24/2010	Dr. Goodness: Collateral Interview and attorney consultation.	200.00	2	400.00
9/27/2010	Dr. Goodness: Mitigation Investigation, collateral interviews, and attorney consultation.	200.00	5	1,000.00
9/27/2010	Roundtrip mileage to collateral interview.	0.50	110	55.00
9/27/2010	Parking Fees	5.00	1	5.00
9/30/2010	Dr. Goodness: Mitigation Investigation, attorney consultation, and expert consultation.	200.00	3	600.00

$50

Thank you!

Total	$3,930.00
Payments/Credits	$-1,115.93
Balance Due	$2,814.07

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

1496

4435-6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: 11/5/10 Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAP MURDER	F09 59380	DEATH PENALTY	FEB 01 2011

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL☐ $720 (Full day).....☐ $360 (Half day)
- ☐ COMPETENCY HEARING☐ $540 (Contested)☐ $270 (Agreed)

COUNTY AUDITOR DALLAS COUNTY, TEXAS JAN 20 PM 4:10

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

Denied due to previous payment By Date 1-21-11

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☒ F. I request payment for expert witness/investigator expenses in the amount of $17,471.15 for services performed as listed on the attached itemized bill. invoices attached.

TOTAL AMOUNT REQUESTED: $17,471.15 **COURT APPROVED AMOUNT: $17,471.15**

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 1/18/11

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 115652)

Name DR. KELLY GOODNESS State Bar No. 10778230

Mailing Address: 121 OLIVE STREET, KELLER, TX 76248
Number Street Suite City State Zip

Telephone: _____ Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

1/20/11 _____
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1497

Dr. Goodness & Associates

121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
9/30/2010	02-17259

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
9/1/2010	Dr. Goodness: Attorney Consultation and note.	200.00	0.25	50.00
9/10/2010	Dr. Goodness: Collateral Interview and report writing.	200.00	2	400.00
9/13/2010	Dr. Goodness: Collateral Interview, report writing, and records review.	200.00	2	400.00
9/21/2010	Dr. Goodness: Expert Consultation	200.00	2.5	500.00
9/24/2010	Dr. Goodness: Collateral Interview and attorney consultation.	200.00	2	400.00
9/24/2010	Roundtrip mileage to collateral interview.	0.55	240	132.00
9/24/2010	Dr. Goodness: Collateral Interview and attorney consultation.	200.00	2	400.00
9/27/2010	Dr. Goodness: Mitigation Investigation, collateral interviews, and attorney consultation.	200.00	5	1,000.00
9/27/2010	Roundtrip mileage to collateral interview.	0.55	110	60.50
9/27/2010	Parking Fees	5.00	1	5.00
9/30/2010	Dr. Goodness: Mitigation Investigation, attorney consultation, and expert consultation.	200.00	3	600.00

Thank you!

Total	$3,947.50
Payments/Credits	$-1,115.93
Balance Due	$2,831.57

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

Dr. Goodness & Associates

121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
10/1/2010	02-17281

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
10/1/2010	Dr. Goodness: Mitigation Investigation	200.00	1	200.00
10/5/2010	Dr. Goodness: Attorney Consultation	200.00	0.5	100.00
10/5/2010	Dr. Goodness: Mitigation Investigation, expert consultation, attorney consultation, and research.	200.00	1	200.00
10/7/2010	Dr. Goodness: Expert Consultation	200.00	0.16	32.00

Thank you!

Total	$532.00
Payments/Credits	$0.00
Balance Due	$532.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

1499

Dr. Goodness & Associates

121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
10/31/2010	02-17366

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
10/13/2010	Administrative Assistance: prepared for meeting	30.00	1.25	37.50
10/14/2010	Dr. Goodness: Attorney Consultation	200.00	0.16	32.00
10/14/2010	Dr. Goodness: Attorney meeting at airport hotel.	200.00	4	800.00
10/14/2010	Dr. Goodness: Parking Fees	5.00	1	5.00
10/14/2010	Dr. Goodness: Roundtrip mileage to meeting.	0.55	24	13.20
10/14/2010	Case management and assistance: attended attorney meeting.	35.00	4	140.00
10/14/2010	Wes Parks: Parking Fees	5.00	1	5.00
10/14/2010	Wes Parks: Roundtrip mileage to meeting	0.55	7.2	3.96
10/19/2010	Dr. Goodness: Attorney Consultation	200.00	0.25	50.00
10/20/2010	Case management and assistance: Telephone conference with attorney re collateral interviews.	35.00	0.25	8.75
10/21/2010	Dr. Goodness: Mitigation Investigation	200.00	4	800.00
10/21/2010	Case management and assistance: Multiple telephone conferences to attorney re collaterals.	35.00	1	35.00
10/21/2010	Case management and assistance: Review CI, PI notes, and attorney notes for collateral interviews.	35.00	1.5	52.50
10/26/2010	Dr. Goodness: Expert Consultation	200.00	0.25	50.00
10/26/2010	Dr. Goodness: Attorney Consultation	200.00	0.25	50.00
10/27/2010	Dr. Goodness: Mitigation Investigation, expert consultation, attorney consultation, and collateral interviews.	200.00	5.25	1,050.00
10/27/2010	Dr. Goodness: Roundtrip Mileage to attorney meeting.	0.55	75	41.25
10/27/2010	Parking Fees: Parking for 2 places	15.00	1	15.00
10/27/2010	Case management and assistance: Meeting	35.00	2.25	78.75
10/27/2010	Wes Parks: roundtrip mileage to meeting.	35.00	46.2	1,617.00
10/27/2010	Wes Parks: Parking Fees - garage and meter - 2 places	6.00	1	6.00
10/29/2010	Dr. Goodness: Mitigation investigation, attorney consultation, multiple expert consultations, and trial preparation.	200.00	4	800.00
10/29/2010	Parking Fees: for hotel parking	10.00	1	10.00

Thank you!

	Total
Kelly R. Goodness, Ph.D. License #3-1223 Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077 Email: kelly.goodness@drgoodness.com	**Payments/Credits**
	Balance Due 1500

Dr. Goodness & Associates

121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
10/31/2010	02-17366

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
10/29/2010	Roundtrip Mileage to hotel for meeting.	0.55	45	24.75
10/31/2010	Dr. Goodness: Mitigation investigation, expert consultation, and attorney consultation.	200.00	0.25	50.00

Thank you!

Total	$5,775.66
Payments/Credits	$0.00
Balance Due	$5,775.66

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

1501
EXHIBIT 34 Page 14

Dr. Goodness & Associates

121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
11/1/2010	02-17401

Bill To	In Re:
Paul Johnson Attorney at Law 311 Market Street, Suite 300 Dallas, Texas 75202	Green, Gary Cause No.: F0959380 Death Penalty Mitigation

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
11/1/2010	Dr. Goodness: Court Appearance (hourly) and attorney consultation.	250.00	8	2,000.00
11/1/2010	Parking Fees	5.00	1	5.00
11/1/2010	Roundtrip Mileage to courthouse	0.55	73.6	40.48
11/2/2010	Dr. Goodness: Court Appearance (hourly) and attorney consultation. Collateral	250.00	8	2,000.00
11/2/2010	Parking Fees	5.00	1	5.00
11/2/2010	Roundtrip Mileage to courthouse	0.55	73.6	40.48
11/3/2010	Dr. Goodness: Court Appearance (hourly) and attorney consultation.	250.00	8	2,000.00
11/3/2010	Parking Fees	5.00	1	5.00
11/3/2010	Roundtrip Mileage to courthouse	0.55	73.6	40.48
11/4/2010	Dr. Goodness: Court Appearance (hourly)	250.00	8	2,000.00
11/4/2010	Parking Fees	5.00	1	5.00
11/4/2010	Roundtrip Mileage to courthouse	0.55	73.6	40.48
11/4/2010	Copies - prep file for appeal / scan data	150.00	1	150.00

Thank you!

Total	$8,331.92
Payments/Credits	$0.00
Balance Due	$8,331.92

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

4455-6060
6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Gary Green § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
Capital Murder	F08-59380	Death	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION B.

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

FILED
DALLAS COUNTY TEXAS
2011 JAN 19 PM 3:19
DALLAS COUNTY AUDITOR
FEB 01 2011

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL ☐ $720 (Full day) ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

Denied Vide for previous payment
BY _____

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ F. I request payment for expert witness/investigator expenses in the amount of $1,205.00 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $1,205.00 **COURT APPROVED AMOUNT:** $1,205.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 1-18-2011

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 115662)
Name Dr. Goodness & Associates State Bar No. 19677500
Mailing Address: 121 Olive Street, Keller Texas 76248
Number Street Suite City State Zip
Telephone: 817-379-GOOD Soc. Sec. No. on file ([redacted]) Tax ID
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

1/19/11
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1503

Dr. Goodness & Associates
121 Olive Street
Keller, TX 76248

Invoice

Date	Invoice #
12/2/2010	02-17485

Bill To	In Re:
John Tatum Attorney at Law 990 South Sherman Street Richardson, TX 75081	Green, Gary Cause No.: F0959380 Jury Canvasing

Terms
30 days

Serviced	Description	Rate	Unit(s)	Amount
11/22/2010	Dr. Goodness: Attorney Consultation	250.00	0.25	62.50
11/30/2010	Dr. Goodness: Professional Services - Jury Canvasing	250.00	3	750.00
12/1/2010	Dr. Goodness: Professional Services - Jury Canvasing	250.00	0.08	20.00
12/1/2010	Dr. Goodness: Attorney Consultation	250.00	0.25	62.50
12/7/2010	Dr. Goodness: Records Review	250.00	1	250.00
12/7/2010	Administrative Assistance	30.00	2	60.00

Thank you!

Total	$1,205.00
Payments/Credits	$0.00
Balance Due	$1,205.00

Kelly R. Goodness, Ph.D. License #3-1223
Tax ID #75-2967829 Phone:817-379-GOOD Fax:817-622-8077
Email: kelly.goodness@drgoodness.com

1504

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Paul Johnson <pljdoc@aol.com>
Subject: FW: Assessments
Date: Wed, Apr 21, 2010 11:52 am

He can secure these dates if you get an order soon. I finished the records review… your guy has lots of reasons to have brain pathology…

From: Glbrmart@aol.com [mailto:Glbrmart@aol.com]
Sent: Tuesday, April 20, 2010 10:20 AM
To: kelly.goodness@drgoodness.com
Subject: Assessments

Hi Kelly. Just checked the schedule and it looks like I can do the Wed and Thurs of May 5-6, May 12-13, or May 19-20, with the latter working the best due to rescheduling issues but any of these being acceptable if it works better for you. look forward to hearing from you.

Thanks

Gilbert Martinez, Ph.D.
Director
South Texas Neuropsychological Associates, PLLC
3603 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231
ph. 210-614-3011
fax: 210-615-6906
glbrmart@aol.com

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Paul Johnson <pjjdoc@aol.com>
Subject: Green
Date: Mon, May 3, 2010 12:27 pm

Need an order for the neuropsych spelling out financial issues

Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychology
121 Olive Street
Keller, Texas 76248
Office: (817) 379-4663 (GOOD)
Fax: (817) 622-8077 – Fax
Please visit us on the web at www.drgoodness.com

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From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Paul Johnson <pjjdoc@aol.com>
bject: FW: Evals
Date: Wed, May 5, 2010 6:08 am

From: Glbrmart@aol.com [mailto:Glbrmart@aol.com]
Sent: Wednesday, May 05, 2010 7:02 AM
To: kelly.goodness@drgoodness.com
Subject: Evals

Hey Kelly. Know your busy but I wanted to touch base briefly about the assessments. I'm scheduled to head over there next week. I have the court appointment paperwork for the first case and as discussed, I'm OK with waiving my policy on the retainer for these cases. Question is, don't I need some kind of a court order/appointment to be able to access the second inmate?. Let me know and maybe we can talk briefly by phone when you have a sec sometime before I head over there to pin down what I'll be taking with me for the testing.

Thanks and very much look forward to heading over there next week.

Gilbert Martinez, Ph.D.
ector
South Texas Neuropsychological Associates, PLLC
3603 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231
ph: 210-614-3011
fax: 210-615-6906
glbrmart@aol.com

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Paul Johnson <pjjdoc@aol.com>
bject: Green
Date: Mon, May 10, 2010 7:29 am

Is it ok if I form referral questions for the neuropsychologist who is coming this week? Or would you prefer to do that? He needs them asap.

Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychology
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Keller, Texas 76248
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From: Dr. Kelly Goodness <kelly.goodness@drgoodness.com>
To: Paul James Johnson <pjjdoc@aol.com>
bject: Fwd: Evals
Date: Mon, May 10, 2010 3:55 pm

This messes up my other case. Did you get our messages?

Sent from my iPhone

Begin forwarded message:

From: Glbrmart@aol.com
Date: May 10, 2010 5:40:34 PM CDT
To: kelly.goodness@drgoodness.com
Cc: wes.parks@drgoodness.com
Subject: Evals

Hi Kelly. I know you guys have been very busy and I appreciate all of your assistance in trying to figure out the logistics for these assessments. However, it's going to be a little tough for me to head your direction tomorrow without confirmation that the assessment can take place as I am expending considerable resources in leaving the office in the middle of the week. I am thinking with a little more time we can get proper approval from the Dallas jail and I could do both assessments at once the next week or the week after. Let me know what you think or if you have other info about this.

Gilbert Martinez, Ph.D.
Director
South Texas Neuropsychological Associates, PLLC
3603 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231
ph: 210-614-3011
fax: 210-615-6906
glbrmart@aol.com

Wes Parks

From: Wes Parks [wes.parks@drgoodness.com]
Sent: Wednesday, May 19, 2010 4:07 PM
To: Paul Johnson (pjjdoc@aol.com); 'jgardnerpi@aol.com'
Subject: Green records request
Attachments: Green, Gary - Records Request 1.pdf

Paul and Jeff,

Here is the first records request. Please let me know when subpoenas go out so we can stay on top of this. Do you have an estimate when you think these will be requested?

Thanks,
Wes Parks
Forensic Case Manager

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A Clinical and Forensic Psychology Practice
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From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Glbrmart <Glbrmart@aol.com>
Bcc: pjjdoc@aol.com
Subject: RE: Green
Date: Tue, Jun 15, 2010 7:52 am

I am in court. Have email, but can't get on the phone right now. Bottom line with the family, given your testing and evaluation, do you think it would be illuminating to hear about his paranoia, talking to himself, zoning out, withdrawal, nonsensical speech, constant complaint of being "stressed" without clear description of what that meant, lethargy, inattention, muddle thinking, inability to apply new knowledge to complete tasks accurately, excessive worry, and the list goes on?

From: Glbrmart@aol.com [mailto:Glbrmart@aol.com]
Sent: Tuesday, June 15, 2010 8:38 AM
To: Kelly.Goodness@drgoodness.com
Subject: Re: Green

Hey Kelly. I'm working on that report right now and am almost done. I can issue this initial report and add an addendum later or would you like for me to incorporate the family interview information in the report? Maybe we should speak when you have a sec. I'm in the office working on reports all day or on my cell. Either way I'll keep working on this for now.

Gilbert Martinez, Ph.D.
Director
South Texas Neuropsychological Associates, PLLC
5003 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231
ph: 210-614-3011
fax: 210-615-6906
glbrmart@aol.com

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Glbrmart <Glbrmart@aol.com>
Cc: Paul Johnson <pjjdoc@aol.com>
Subject: RE: Grren
Date: Mon, Jun 21, 2010 7:29 am

Dr. Martinez, I apologize for the delay in getting the medication information and records from the jail. I have not received a response from the attorney and thus my hands are tied. I know this is as frustrating for you as it is for me, but all I can do is send up smoke signals. I will forward information if and when it is given to me. Thank you-kg

From: Glbrmart@aol.com [mailto:Glbrmart@aol.com]
Sent: Wednesday, June 16, 2010 7:27 AM
To: kelly.goodness@drgoodness.com
Subject: Re: Grren

Sure. Just wanted to confirm you received. I will be consulting off site today so call me on my cell 210-260-4942.

Gilbert Martinez, Ph.D.
Director
South Texas Neuropsychological Associates, PLLC
3603 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231
210-614-3011
210-615-6906
glbrmart@aol.com

Dr. Kelly Goodness

From: Dr. Kelly Goodness [Kelly.Goodness@drgoodness.com]
Sent: Thursday, July 08, 2010 11:28 AM
To: Paul Johnson (pjjdoc@aol.com)
Cc: 'Wes Parks'
Subject: Green collaterals

Paul – I have tried to call everybody possible to set interviews or do interviews. We are waiting for some calls back, so this list may change. I am doing the phone interview today and will give you summaries tomorrow. At the moment, the first interview is at 10:30 in the morning at your office. If you cannot make this, please let us know what we should do.

Thursday – 7/9

11a – Irving Green via telephone
5p - Stephanie West via telephone

Friday – 7/9

Paul's Office:

10:30 – Arron Green and Gary's friend Tony Mitchell, who worked with him

Home-based:

1p – Rodney Haney
2p – Bertha Cunny
~~3:30p – Lewis Coleman~~
~~p – Dennis Jones~~ or Rd until Sun. Off Mon. Wed 3:30
~~4:30 p – Shirley Jones~~

Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychology

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Wes Parks

From: Wes Parks [wes.parks@drgoodness.com]
Sent: Monday, July 12, 2010 3:10 PM
To: Paul Johnson (pjjdoc@aol.com); Kobby Warren; Brady T. Wyatt III
Cc: 'Dr. Kelly Goodness'
Subject: Gary Green, Part 1 of 4 - Collateral Interviews
Attachments: Green, Gary - Collateral Interview - Sampson, Leon - 6-14-10.doc; Green, Gary - Collateral Interview - Sampson, Mary - 6-14-10.doc; Green, Gary - Collateral Interview - West, Stephanie - 7-8-10.doc; Green, Gary - Collateral Interview - Carter, Nysasno - 6-14-10.doc; Green, Gary - Collateral Interview - Curry, Bertha - 7-9-10.doc; Green, Gary - Collateral Interview - Green, Arron - 7-9-10.doc; Green, Gary - Collateral Interview - Green, Irving - 7-8-10.doc; Green, Gary - Collateral Interview - Haney, Rodney - 7-9-10.doc

Paul, Kobby, and Brady,

This is the first of four emails this afternoon for the Green matter. This email contains the eight collateral interviews that have been completed thus far. Please let me know if you do not receive all eight attachments or have trouble viewing the files.

Thank you,
Wes Parks
Forensic Case Manager

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121 Olive Street
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Wes Parks

From: Wes Parks [wes.parks@drgoodness.com]
Sent: Monday, July 12, 2010 3:14 PM
To: Paul Johnson (pjjdoc@aol.com); Kobby Warren; Brady T. Wyatt III
Cc: 'Dr. Kelly Goodness'
Subject: Gary Green, Part 3 of 4 - Records Requests and Reviews
Attachments: Green, Gary - Records Review #2.doc; Green, Gary - Records Request 1.doc; Green, Gary - Records Request 2.doc; Green, Gary - Records Review #1.doc

Paul, Kobby, and Brady,

This is the third of four emails this afternoon for the Green matter. This email contains the two requests for records that have been submitted thus far, as well as the two reviews of records based on the records received to date. Please let me know if you do not receive all four attachments or have trouble viewing the files.

Thank you,
Wes Parks
Forensic Case Manager

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over

9-22- Mult. attempts to contact atty last 3 days
↳ he rested I call, but I want and
the never ans. my calls

Will get order

Got around to it in Jan

7-23 Trial late Oct

A/C ↳ Judge ordered $1500

He will get it's order

Will try to get contact with Def. Atty

Wes Parks

From: Wes Parks [wes.parks@drgoodness.com]
Sent: Monday, July 26, 2010 4:26 PM
To: Paul Johnson (pjjdoc@aol.com); Brady T. Wyatt III; Kobby Warren
Cc: 'jgardnerpi@aol.com'; 'Dr. Kelly Goodness'
Subject: Green - records and people needed
Attachments: Green, Gary - Records Request 3.doc; Green, Gary - Collateral Contacts.doc

This is the most recent list of records that have been requested and is still outstanding. Also included are people that need to be located as soon as possible in order that they be interviewed. I have also attached the updated collateral contacts, much of which appears to be dead information even though it was gathered from the family in the past two weeks. The investigator may be able to locate better information on these folks. If so, please forward whatever information is found.

Thanks,
Wes Parks
Forensic Case Manager

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Paul J.
8-17-10 → I Discuss cD of Paper work ahead
have

Green Aff letters transcribed

INT { Ex, wife wives + Stepdad
in Early Childhood
person

Doesn't want me to drive 2hrs for
30 MIN int
He will set int + call me back

8-20-10 ✱ Expressed my concerns
Paul - date - do them + promises he will MON
9 | Dr. Self

- Dmic. Cultural Exp
Ed Exp
Timeline Doc
Recs, Etc.

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: Brady T. Wyatt III <attywyatt@hotmail.com>; Jeffrey W. Gardner <jgardnerpi@aol.com>; Kobby Warren <kwarren@jacksonfirm.net>; Paul Johnson <pljdoc@aol.com>; Wes Parks@DrG <wes.parks@drgoodness.com>
Subject: Green, Gary
Date: Fri, Aug 20, 2010 7:19 pm

Gentleman, as an update I offer the following:

I discussed many of these issues with Paul today, but to keep all in the loop and allow documentation...:

- I am searching for a cultural expert and have several calls and emails out to folks who teach about cultural psychologies at the universities. The black psychiatrist I am familiar with declined the case.
 - Just heard from one African American Psych who may serve 2 purposes for us which would be my preference so as not to bore the jury (cultural and educational). I am vetting her now.

- Paul is to ensure that Dr. Self receives all the meaningful collateral interviews by Monday. It is imperative that he receive these soon. They are to be removed from my letterhead as previously discussed. As I have said before, his diagnosis depends on these and he should have already gotten what was available. Otherwise, you can be assured he will only diagnosis an Axis I diagnosis which I have previously advised.

- I have placed calls trying to find an educational expert to address his poor education and lack of special education. Have multiple leads.

- Discussed the Paul the notion of using a Timberlawn doctor to describe the treatment received by patients there. (i.e.: simple warehousing and cruddy group therapy by untrained people, so no wonder he left.)

- Including today's interviews (which you will get once I edit them), I have interviewed and you will have received reports on the following people:
 - Mary Sampson
 - Leon Sampson
 - Nysasno Carter
 - Bertha Curry
 - Aaron Green
 - Irving Green
 - Rodney Hancy
 - Stephanie West
 - Lenell Williams
 - Karen Knight
 - Corey Foster
 - Tony Mitchell
 - Shirley Coleman (I will interview in person on Monday as she has important information. Tried to call Paul; x2 without success to schedule.... Call me)

- I am awaiting return calls from the following people:
 - Lottie Tucker, the defendant's primary parole officer.
 - Margaret Young, the defendant's former girlfriend and baby momma

- I have attempted to reach without success the following AND NEED HELP (please reply to my request for assistance):
 - Pastor King – I do not believe he will return the calls I left as I have left messages before. I suggest Jeff try to locate the pastor.
 - Levi Smith – no answer or answering machine
 - Quisha Jones, Debra Jones' daughter – we were given the wrong telephone number by Bertha Curry
 - Marcus Washington – no number available.
 - Jones Jernigan – no number available.
 - Pearl Carter – no number available.
 - DeMarcus Young – no number available.

- We supplied you with an additional list of additional people, records and information that should be located earlier today.

- **Paul, I need a new court order for funds asap to continue working up this case. The original order was much less than needed in a death case.**

Please let me know if you have questions AND PLEASE respond to me as requested. Time is short at this point. Thank you.

Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychology
121 Olive Street
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Office: (817) 379-4663 (GOOD)
Fax: (817) 622-8077 – Fax
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A Clinical and Forensic Psychology Practice

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Keller, Texas 76248

(817) 379-4663
Facsimile (817) 622-8077

NOTE TO FILE

Date: 9/1/2010
Matter: Gary Green

Paul Johnson returned my telephone call and we discussed the following:

- Use of the educational/cultural expert and her ability to testify.
- My consternation that he does not return texts, phone calls or emails, and the effect that has on my ability to provide him with competent work. He assured me that he would respond immediately to any future communications. He advised he has been a courtroom from 8-5 each day. I advised that I cannot help his situation but need contact with him in order to do my job effectively.
- Discussed the need for him to get immediate court orders for the expert and for me to be paid. Advised that he has promised these in the past and has not come through. Advised I have employees that must be paid. Advised that one of his other cases is my longest held outstanding invoice and that I cannot work without being paid. He stated he understood and to fax invoices immediately. Assured me he would get court orders.
- Discussed the need for paternal family members contact information and he was to contact the PI.

Kelly R. Goodness, Ph.d.

Kelly R. Goodness, Ph.D.
Clinical and Forensic Psychologist
License #3-1223

Wes Parks

From: Wes Parks [wes.parks@drgoodness.com]
Sent: Wednesday, September 15, 2010 10:56 AM
To: 'jgardnerpi@aol.com'
Cc: Paul Johnson (pjjdoc@aol.com); Kobby Warren; Brady T. Wyatt III; 'Dr. Kelly Goodness'
Subject: RE: green

Jeff,

Here are outstanding issues that need immediate attention.

Collateral Interviews:

- Levi Smith - several messages have been left for him without any return contact. Can you track him down?
- Also, can you get contact information for
 - Darius DeMarcus Young (his mother did not provide contact information)
 - LaQuisha Jones (Debra Jones daughter)
 - Abraham Mundane (former employer at McShan Florists, now retired).
- I spoke with Shirley Carter this morning. She was to provide contact details for Louvenia Valentine, Patricia Newberry and Thelma (last name unknown), all sisters of Bertha Curry. Ms. Carter reported that these three women do not wish to be contacted and would not allow Ms. Coleman to forward their contact information. Do you have another way of locating these folks?
- Belinda Lacey - Ms. Lacey would like to be interviewed, but cannot afford gas money to come to our office, or afford the minutes on her cell phone for a telephone interview. She does not have access to a landline. Would you like to go out and interview her, and then forward your typed interview notes? Or hand her your cell phone for a phone interview? Or provide her with a phone card for minutes for a phone interview?

Records:

- Any progress on Debra Jones MHMR records?
- Any progress on the defendant's SSDI application?
- Have you subpoenaed the Dallas County jail disciplinary records and his TDCJ parole records?
- What is the status on examining the laptop currently in evidence?

Thanks - Wes

From: jgardnerpi@aol.com [mailto:jgardnerpi@aol.com]
Sent: Wednesday, September 15, 2010 9:06 AM
To: wes.parks@drgoodness.com
Subject: green

Wes,

If you get a moment, could you please provide me with an updated "to do" list for Green?

Thanks,

Jeff

RE: order

Sunday, June 10, 2012
2:47 PM

Subject	**RE: order**
From	Wes Parks
To	'kellie graysmith'
Cc	'Dr. Kelly Goodness'
Sent	Wednesday, September 15, 2010 12:23 PM

Dr. Gray-Smith,

I am pleased you received the order. I spoke with Dr. Goodness and she would like to meet with you at our office next Tuesday, 9/21, at 10 a.m.

As this case is well under way and time is of the essence, please bring a presentation to go over that addresses the specific referral questions you were provided. We certainly understand this will not be the "final" product for your testimony, but it will provide a firm starting point to focusing your testimony. If you would like to email your presentation in advance, that would also be helpful.

You can visit our website at www.drgoodness.com for a Google map to our office.

Let me know if you have any questions. Thanks - wp

From: kellie graysmith [mailto:ggraysmith@yahoo.com]
Sent: Tuesday, September 14, 2010 6:13 PM
To: Wes Parks
Subject: Re: order

Hi Wes,

Thank you. I received the order and look forward to hearing from Dr. Goodness about a meeting date and time.

From: Wes Parks <wes.parks@drgoodness.com>
To: kellie graysmith <ggraysmith@yahoo.com>
Sent: Tue, September 14, 2010 10:40:14 AM
Subject: order

Dr. Gray-Smith,

Hopefully the order reaches you this time. I will let you know about the meeting time for next week ASAP.

Thanks,
Wes Parks
Forensic Case Manager

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A Clinical and Forensic Psychology Practice
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Keller, Texas 76248
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FW: order

Sunday, June 10, 2012
2:41 PM

Subject	**FW: order**
From	Wes Parks
To	'Dr. Kelly Goodness'
Sent	Tuesday, September 21, 2010 9:32 AM
Attachments	GGCase

From: kellie graysmith [mailto:ggraysmith@yahoo.com]
Sent: Tuesday, September 21, 2010 6:12 AM
To: Wes Parks
Subject: Re: order

Hi Wes,

I have attached my draft of responses to the points of my testimony. As it is an initial draft, I look forward to feedback from Dr. Goodness on ways to strengthen it. See you at 10 am today.

Sincerely,
Kellie Gray-Smith

From: Wes Parks <wes.parks@drgoodness.com>
To: kellie graysmith <ggraysmith@yahoo.com>
Cc: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
Sent: Wed, September 15, 2010 12:23:11 PM
Subject: RE: order

Dr. Gray-Smith,

I am pleased you received the order. I spoke with Dr. Goodness and she would like to meet with you at our office next Tuesday, 9/21, at 10 a.m.

As this case is well under way and time is of the essence, please bring a presentation to go over that addresses the specific referral questions you were provided. We certainly understand this will not be the "final" product for your testimony, but it will provide a firm starting point to focusing your testimony. If you would like to email your presentation in advance, that would also be helpful.

You can visit our website at www.drgoodness.com for a Google map to our office.

Let me know if you have any questions. Thanks - wp

From: kellie graysmith [mailto:ggraysmith@yahoo.com]
Sent: Tuesday, September 14, 2010 6:13 PM
To: Wes Parks
Subject: Re: order

Hi Wes,

Thank you. I received the order and look forward to hearing from Dr. Goodness about a meeting date and time.

From: Wes Parks <wes.parks@drgoodness.com>

To: kellie graysmith <ggraysmith@yahoo.com>

Sent: Tue, September 14, 2010 10:40:14 AM

Subject: order

Dr. Gray-Smith,

Hopefully the order reaches you this time. I will let you know about the meeting time for next week ASAP.

Thanks,
Wes Parks
Forensic Case Manager

Dr. Goodness & Associates
A Clinical and Forensic Psychology Practice
121 Olive Street
Keller, Texas 76248
(817) 379-4663
(817) 622-8077 – Fax
Please visit us on the web at www.drgoodness.com

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Re: report re cst green

Sunday, June 10, 2012
2:48 PM

Subject	Re: report re cst green
From	David Self
To	Dr. Kelly Goodness
Sent	Thursday, September 30, 2010 9:54 AM

Kelly, am practically finished. have not talked with Marcus Washington yet. I'm on my way to a deposition this morning, then to hospital for afternoon. Can we talk later this evening, say 7 or 7:30 pm?

----- Original Message ----
From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: David Self <dselfmd@yahoo.com>
Sent: Thu, September 30, 2010 8:12:38 AM
Subject: RE: report re cst green

David, trial is upon us and we must finalize strategy. Can you and I talk this afternoon? Have you finished finished your work?

-----Original Message-----
From: David Self [mailto:dselfmd@yahoo.com]
Sent: Thursday, September 09, 2010 11:37 AM
To: Dr. Kelly Goodness
Subject: Re: report re cst green

yes. have been busy on 2 other caps; but, intend to review all and do interviews on some collaterals in next 2 weeks.

----- Original Message ----
From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: David Self <dselfmd@yahoo.com>
Sent: Thu, September 9, 2010 11:32:32 AM
Subject: RE: report re cst green

David, did the attorney ever send you the collateral interviews?

-----Original Message-----
From: David Self [mailto:dselfmd@yahoo.com]
Sent: Wednesday, August 18, 2010 6:39 AM
To: Dr. Kelly Goodness
Subject: report re cst green

Kelly, I can't find a fax # for PaulJ. Do you have it?

Re: report re cst green

Sunday, June 10, 2012
2:47 PM

Subject	Re: report re cst green
From	David Self
To	Dr. Kelly Goodness
Sent	Friday, October 01, 2010 9:16 AM

Kelly, this to confirm 10/13/2020 8:00am DFW (your terminal) defense team meeting. Also, when you speak to Paul, please put bee in bonnet re getting square with me on billing to date (before the big push to and through trial).
Please email copy of oreder appointing me. Also, the "letter" Green wrote is not in the investigation documents sent to me, please send copy. I'm starting to worry that here may be other significant documents I'm not aware of.

----- Original Message ----
From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: David Self <dselfmd@yahoo.com>
Sent: Thu, September 30, 2010 10:53:13 AM
Subject: RE: report re cst green

Sure:)

-----Original Message-----
From: David Self [mailto:dselfmd@yahoo.com]
Sent: Thursday, September 30, 2010 9:54 AM
To: Dr. Kelly Goodness
Subject: Re: report re cst green

Kelly, am practically finished. have not talked with Marcus Washington yet.
I'm
on my way to a deposition this morning, then to hospital for afternoon. Can we talk later this evening, say 7 or 7:30 pm?

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To: Dr. Kelly Goodness
Subject: Re: report re cst green

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To: Dr. Kelly Goodness
Subject: report re cst green

Kelly, I can't find a fax # for PaulJ. Do you have it?

RE: Touching Base

Sunday, June 10, 2012
2:49 PM

Subject	**RE: Touching Base**
From	Dr. Kelly Goodness
To	'Kellie Gray-Smith'
Sent	Tuesday, October 12, 2010 5:54 PM

Hi Dr. Gray-Smith,
Do you have a new outline for me? Trial is upon us....

From: Kellie Gray-Smith [mailto:Kellie.Gray-Smith@pisd.edu]
Sent: Friday, September 10, 2010 2:37 PM
To: Kelly.Goodness@drgoodness.com; ggraysmith@yahoo.com
Subject: Touching Base

Hi Dr. Goodness,

I wanted to check in with you again to provide an update about my involvement with the capital murder case. A couple of weeks ago, I was contacted by an attorney on the case who stated that he was working working to get the court order for my fees and involvement and would call me back a few days later. I understand that he likely needed to attend to other duties.

I do not believe he has called back but am looking forward to moving forward as soon as everyone can. As always, please let me know if I can assist or provide any additional information.

Have a great weekend!

Thanks,
Kellie Gray-Smith, PhD
Plano ISD Special Education Coordinator
469-752-8926

Confidentiality Statement: This email, including any attachments, may contain confidential information belonging to the sender. This information is only for the use of the individual(s) or entities for whom it was intended, even if addressed incorrectly. If you are not the intended recipient, please notify the sender immediately. You are hereby notified that you must delete this email, including any attachments, from your system, and any disclosure, copying, distribution, or any other action in reliance on the information is strictly prohibited. Thank you for your compliance.

GG Outline

Sunday, June 10, 2012
2:43 PM

Subject	**GG Outline**
From	kellie graysmith
To	Kelly.Goodness@drgoodness.com
Cc	kellie gray-smith
Sent	Wednesday, October 13, 2010 11:37 PM
Attachments	GG Case O...

I have attached the outline. Please let me know what the next step is for prep, and I am looking forward to working with this team! The only time frame that I am unable to meet is any Monday evening because of my son's football games. I am usually more during business hours, but with a little advance notice, I can arrange child care for my son in the evenings.

Re: GG Case Outline (2)

Sunday, June 10, 2012
2:45 PM

Subject	**Re: GG Case Outline (2)**
From	kellie graysmith
To	Dr. Kelly Goodness
Sent	Wednesday, October 20, 2010 10:07 PM

Hi Dr. Goodness,

I am pleased to know that there were no significant changes needed. I can meet Friday (10/29). I can meet in the morning and will need to return to PISD for a 2:30 pm meeting.

From: Dr. Kelly Goodness <Kelly.Goodness@drgoodness.com>
To: kellie graysmith <ggraysmith@yahoo.com>
Cc: Brady T. Wyatt III <attywyatt@hotmail.com>; Jeffrey W. Gardner <jgardnerpi@aol.com>; Kobby Warren <kwarren@jacksonfirm.net>; Paul Johnson <pjjdoc@aol.com>; "Wes Parks@DrG" <wes.parks@drgoodness.com>
Sent: Wed, October 20, 2010 6:43:33 PM
Subject: GG Case Outline (2)

Dr. Gray-Smith, I fixed just a few typos . This looks great. Thank you. I am in Ark. On a case now, but will be back Friday evening. Paul tells me he expects to have a break in trial on Friday Oct 29. Can we meet that day to go over your testimony?

Green

Sunday, June 10, 2012
2:45 PM

Subject	Green
From	Wes Parks
To	kelly.goodness@drgoodness.com
Sent	Wednesday, October 20, 2010 2:55 PM

Brady and Kobby just called me. They have concerns about people who did not get interviewed because because they were not located by the investigator or the family withheld information. They would like a brief memo listing who was not contacted and what effort was made to reach those people in preparation for appeal. They need this by Friday.

Wes Parks
Forensic Case Manager

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A Clinical and Forensic Psychology Practice
121 Olive Street
Keller, Texas 76248
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Green

Sunday, June 10, 2012
2:44 PM

Subject	Green
From	Wes Parks
To	'Dr. Kelly Goodness'
Sent	Thursday, October 21, 2010 10:18 AM

Paul just called. He absolutely does not want a written list of who was not interviewed and why. He wants me to get a list together in my head and call him back this afternoon and let him know who was not interviewed and why and he will decide what to do with that information. He was very clear that I was not to produce a written list for anybody's review.

I think this is about to turn into a pissing match between Paul and his co-counsels.

Wes Parks
Forensic Case Manager

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Green

Sunday, June 10, 2012
2:44 PM

Subject	**Green**
From	Wes Parks
To	'Dr. Kelly Goodness'
Sent	Thursday, October 21, 2010 10:25 AM

Paul just called again. He is interviewing Suhlonda Ransom in the morning. He will be having a conversation with his co-counsel about the inappropriateness of making requests for documentation for his file without his say so. Stressed again no creation of a written list and gently reminded me who the big chief is.

I have to say, for Paul, he is being remarkably genteel about this. At least to this office.

Wes Parks
Forensic Case Manager

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(1)

10-26-10

Gilbert Meeting

Spoke w/Paul - hard time planning him to time / what he wants to know

(15)

↳ All day TUES + Wed

Sunday, June 10, 2012
2:49 PM

Subject	
From	David Self
To	Dr. Kelly Goodness
Sent	Thursday, October 28, 2010 10:25 AM
Attachments	 Green, Ga...

Kelly, am well along in Green report. will attach DRAFT portions completed to this point for your comment. I recall you and Paul talking about Family Psychiatric History at last meeting that I don't have. Please forward whatever Family Psych Hx you have. Also if you have a good social history if would be helpful. Again, this is NOT my final report, simply a DRAFT in progress.

FW:

Sunday, June 10, 2012
2:58 PM

Subject	**FW:**
From	Dr. Kelly Goodness
To	Brady T. Wyatt III; Jeffrey W. Gardner; Kobby Warren; Paul Johnson; Wes Parks@DrG
Sent	Thursday, October 28, 2010 11:08 AM
Attachments	 Green, Ga...

Paul, please call me about this after you read it

-----Original Message-----
From: David Self [mailto:dselfmd@yahoo.com]
Sent: Thursday, October 28, 2010 10:25 AM
To: Dr. Kelly Goodness
Subject:

Kelly, am well along in Green report. will attach DRAFT portions completed to this point for your comment. I recall you and Paul talking about Family Psychiatric History at last meeting that I don't have. Please forward whatever Family Psych Hx you have. Also if you have a good social history if would be helpful. Again, this is NOT my final report, simply a DRAFT in progress.

Sunday, June 10, 2012
2:49 PM

Subject	
From	David Self
To	Dr. Kelly Goodness
Sent	Friday, October 29, 2010 12:12 PM
Attachments	green, gar...

Kelly, attached is nearly complete report. I still need a social history if one is avaiable, in order to confidently flesh out that section, and to be able to remark on the causal aspects of his social history.

103065 P.D. HANSON 4435-120-382 Cp185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE _____ DISTRICT COURT _____
VS GREEN, GARY § OF DALLAS COUNTY, TEXAS

Appointment Date:_____ Disposition Date:_____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE: CAPITAL MURDER "DEATH" CASE NO.: 09-59380-S GRADE: _____ AUDIT NO. _____

10 JUL 22 PM 2:23 COUNTY AUDITOR

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL ☐ $720 (Full day).....☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested)☐ $270 (Agreed)

AUG - 8 2010 SH

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ F. I request payment for expert witness/investigator expenses in the amount of $2743.68 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $2743.68 COURT APPROVED AMOUNT: $2743.68

JS TS

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____ Attorney at Law. Date: _____

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name Tamla Gardner State Bar No. _____

Mailing Address: PO Box 162772 Ft. Worth Tx 76161
Number Street Suite City State Zip

Telephone: 214 994 3535 Soc. Sec. No. on file
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

7/22/10 _____ 1542
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

TIME SHEET/SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: STEEN, GARY R. CAUSE NUMBER 09-59380-S CLIENT: P. JOHNSON

CAP MURDER

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
3/15	TELCON WITH CLIENT	.25		
3/15	EXTENSIVE DATABASE RE			
	CASE SPECIFICS	2.25		
3/16	TELCON RESEARCH	.75		
4/5	TO CLIENT, P/U RECORDS.			
	TELCON WITH GOODNESS OFFICE	1.75	37	
4/5	DELIVER RECORDS TO GOODNESS			
	OFFICE IN KELLER.	2.0	61	
5/26	REVIEW EXTENSIVE DOCUMENTS.	2.75		
6/2	ISSUE AND SERVICE OF			
	NUMEROUS WITNESSES 8A-3:30P.	7.5	182	
6/3	SERVICE OF WIT. SUBPOENA	4.25	116	
6/3	SERVICE OF WIT SUBP.	1.75	43	
6/7	PICK UP RECORDS	1.5	39	
6/8	ISSUE AND SERVICE OF WIT.	2.0	41	
6/22	PICK UP + DELIVER RECORDS TO DA.			
	GOODNESS	2.75	73	

EXHIBIT 36 Page 154 of 243

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 139 of 236 PageID 9065

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

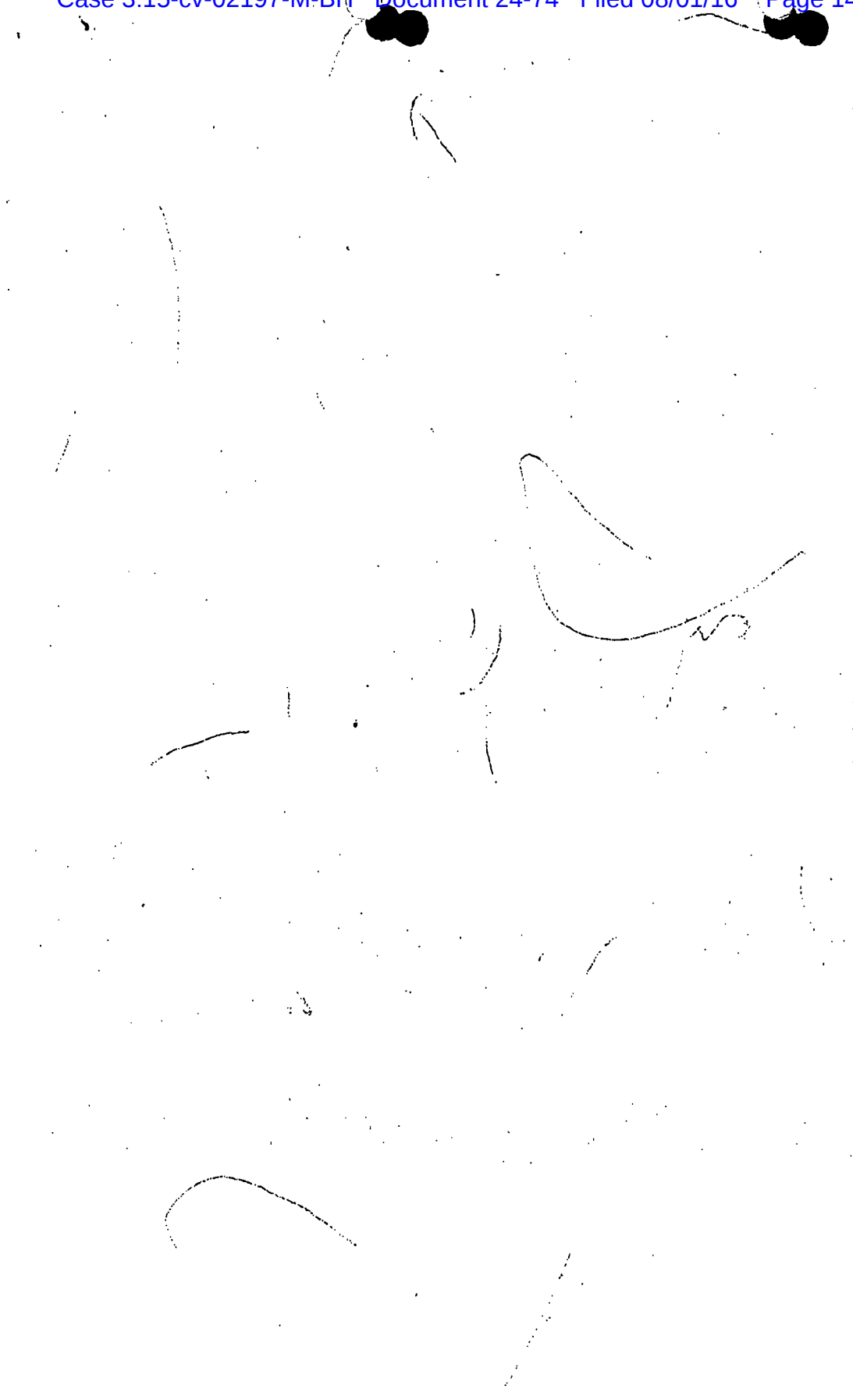
CASE: GREEN, GARY CAUSE NUMBER: 09-59380-5 CLIENT: ~~STATE~~ D. Johnson

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
7/2	TO Cherokee County, P/U			
	RECORDS 730A - 530P	10.0	371	
7/15	WITNESS LOCATION AND INTER	2.75	73	
7/16	ISSUE AND SERVICE OF			
	WITNESS SUBP. 1P - 545P	4.75	103	
7/20	JAIL INTERVIEW WITH DEF,			
	ISSUE & SERVICE OF WIT.			
	9A - 245P	5.75	122	
7/19	WITNESS SUBPOENA	2.25	46	
7/21	TELCON WITH GOODNESS	.25		
7/21	SERVICE OF WITNESS	1.75	37	
	TOTAL HOURS = 57 @ $40 = $2280.00			
	TOTAL MILES = 1344 @ .345 = 463.68			
	TOTAL INVOICE = $2743.68			

EXHIBIT 36 Page 3

1544

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 140 of 236 PageID 9066



0.25 +
2.25 +
0.75 +
1.75 +
2.00 +
2.75 +
7.50 +
4.25 +
1.75 +
1.50 +
2.00 +
2.75 +
10.00 +
2.75 +
4.75 +
5.75 +
2.25 +
0.25 +
1.75 +
57.00 T

57.00 x
40.00 =
2,280.00 *

2,280.00M+
37.00 +
61.00 +
182.00 +
116.00 +
43.00 +
39.00 +
41.00 +
73.00 +
371.00 +
73.00 +
103.00 +
122.00 +
46.00 +
37.00 +
1,344.00 T

1,344.00 x
0.345 =
463.68 *

463.68M+
2,743.68MT

Death - Multiple C
I/P

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282ND DISTRICT COURT
VS § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAP. MURDER	09-59380		
DEATH PEN.			

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

2010 SEP -1 PM 3:09

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL ☐ $720 (Full day) ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

Search Made for previous payment
By _____
Date 9-5-10

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☑ F. I request payment for expert witness/investigator expenses in the amount of $2088.76 for services performed as listed on the attached itemized bill.

DEATH PENALTY

TOTAL AMOUNT REQUESTED: $2088.76 **COURT APPROVED AMOUNT:** $2088.76

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: _____

ATTORNEY INFORMATION (Print) (For Auditor Use Vendor I.D. _____)

Name: JEFF GARDNER State Bar No. _____

Mailing Address: PO BOX 162772 FT WORTH TX 76161
Number & Street Suite City State Zip

Telephone: 214 994 3536 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

8/30/10
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1546

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: GREEN, GARY CAUSE NUMBER: 09-59380-5 CLIENT: P. JOHNSON

DATE 2010	SUMMARY CAP – DEATH	TIME	MILEAGE	EXPENSE
7/21	SERVICE OF WITNESS SUBPOENA			
	(PMH.)	1.5	27	
7/22	TO GEORGE ALLEN, RESEARCH			
	AND OBTAIN DOMESTIC RECORDS.			
	RETURN TO GOODNESS.	3.75	73	
7/27	RECEIVED DOCUMENTS &			
	EMAIL REQUEST.	1.0		
8/2	ATT. LOCATION OF S. ARTIS.			
	ADD NOT ACCURATE, T/C			
	W/ GOODNESS OFFICE, DATABASE			
	RE WITNESS LOCATION	2.75	61	
8/4	ATT. LOCATION OF WITNESS			
	CHECK ALL PAST ADD.	1.75	49	
8/5	TELCON W/ PMH RE SERVICE.			
547	RE-ISSUE & SERVE, T/C			
	W/ GOODNESS OFFICE	1.5	36	

EXHIBIT 36 Page 6

2010 SEP -1 PM 12:07

12.25

246

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 143 of 236 PageID 9069

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: Gibson, Gary CAUSE NUMBER: 09-59380 CLIENT: P. Johnson

CAP. - DEATH

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
8/16	Conf with Client And			
	All Atty's. To Do List.	2.0	24	
8/16	Database Re: To Do			
	List, Family, etc.	1.75		
8/17	Deliver CD's To Goodness	1.0	24	
8/17	Extensive Database Re			
	Wit Location, Long Dist.			
	Telcon Research Re Wit.			
	Location., Extensive Data.	2.0		
8/18	Telcon W/ Goodness Off	.25		
8/18	Telcon W/ Witness,			
	Database, Telcon W/ Client.	1.0		
8/18	To File, Review Court			
	Jacket of Witness,			
	Witness Location & File Inter.	1.75	27	
8/19	Telcon W/ Wit. Database			
	Extensive Data Re Wit.	4.25		

2010 SEP -1 PM 12:07

14

75

EXHIBIT 36 Page 7

1548

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 144 of 236 PageID 9070

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: Teleon, Gary CAUSE NUMBER: 09-59380 CLIENT: Pat Tomlinson

CAP. MURDER - DEATH

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
8/20	OUT OF TOWN WIT. LOCATION			
	8:15 A - 4:45 P	8.5	376	
8/23	TELEON W/ GOODNESS OFF.	.25		
8/25	TO FORT WORTH. LOCATION			
	OF WIT INFO, BACKGROUND			
	RE. T. CARTER. ORDER /			
	WAIT FOR JACKETS IN ARCHIVES.			
	TELEON W/ GOODNESS OFFICE			
	9:15 A - 4 P.	6.75	84	
8/26	TELEON AND CORRESP. RE.			
	T. CARTER & TDC,			
	ADD'L DATABASE &			
	TELEON REGULAR RE			
	FAMILY TREE	2.0		
8/27	BOVE & SONICS DALLAS			
	JAIL RECORDS.	1.5	27	

2010 SEP -1 PM 12:07

EXHIBIT 36 Page 8

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 145 of 236 PageID 9071

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: GREEN, GARY CAUSE NUMBER: 09-59380 CLIENT: PAM JOHNSON

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
	TOTAL HOURS = 45.25 @ 40 = 1810.00			
	TOTAL MILEAGE = 808 @ .345 = 278.76			
	TOTAL INVOICED = $2088.76			

2010 SEP -1 PM 12:07

EXHIBIT 36 Page 9

1550

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 146 of 236 PageID 9072

120-4435-~~6050~~ 6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 194TH DISTRICT COURT
VS. GLEEN, Gary § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:
CAPITAL MURDER - DEATH	09-57380-S	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE, ADDITIONAL COMPENSATION MAY BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL--AGREED PLEA--OPEN PLEA--JURY TRIAL--TBC--REVOCATION HEARING--COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION.....$300
- ☐ STATE JAIL/3RD DEGREE FELONY.....$400
- ☐ 2ND DEGREE FELONY.....$500
- ☐ 1ST DEGREE FELONY/MINI-CAP.....$600
- ☐ CONTESTED TRIAL.....☐$800 (Full day).....☐$400 (Half day)
- ☐ COMPETENCY HEARING.....☐$600 (Contested).....☐$300 (Agreed)

☐ B. I request additional compensation (at the rate of $100 per hour) in the amount of $ _____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled *"Detailed List of Legal Services Provided."*

☐ C. ~~Death Penalty Case.~~ I request compensation at the rate of $150.00 per hour in the amount of $ _____ for services performed and/or $ _____ for voir dire and each day of trial as listed on the attached *"Detailed List of Legal Services Provided."*

☐ D. Appeal/Writ. I request compensation (at the rate of $100 per hour) in the amount of $ _____ for services performed as listed on the attached *"Detailed List of Legal Services Provided."*

☐ E. I request payment for expert witness/investigator expenses in the amount of $ 806.25 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 806.25 COURT APPROVED AMOUNT: $ 806.25

PAUL JOHNSON

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 10/22/10

~~ATTORNEY~~ INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name: JEFFREY GARDNER State Bar No. 10778200

Mailing Address: P.O. Box 162772 FT WORTH TX 76161
Number Street Suite City State Zip

Telephone: 2149993530 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

10/22/10 _____
Date Judge

1551

EXHIBIT 36 Page 10

☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: GREEN, GARY R CAUSE NUMBER: 09-59380-3 CLIENT: P. JOHNSON

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
8/27	ISSUE & SERVICE OF DSO	1.75	26	
8/30	TLC W/ GOODNESS OFFICE,			
	TO TEE. ISSUE WITNESS SUB.			
	JUDGE SIGN ORDER (WAIT FOR			
	JUDGE) TELCON W/ TDC	4.0	29	
9/1	WITNESS LOCATION AND			
	INTERVIEW 8-12:15 P.	4.25	64	
9/2	WITNESS LOCATION AND			
	INTERVIEW / TELCON W/			
	GOODNESS OFFICE	2.25	57	
9/14	CORRESPONDENCE WITH			
	PAROLE, DRAFT & FAX.	.75		
9/20	PLUP MEDICAL RECORDS,			
	PLUP DSO RECORDS.	1.75	34	
9/22	DELIVER RECORDS TO GOODNESS	1.25	21	

EXHIBIT #36 Page 11

1552

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 148 of 236 PageID 9074

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE: GREEN, CORY CAUSE NUMBER: CLIENT:

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
10/5	TRAVEL TO FEE, CONF.			
	W/ JOHNSON, DEAF WORKED			
	OUT W/ DOCTOR.	2.0	19	
	TOTAL HOURS = 18 @ $40 = $720.00			
	MILES - 250 @ .345 = $86.25			
	TOTAL INVOICE = $806.25			

EXHIBIT 36 Page 12

1553

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 149 of 236 PageID 9075

120-4435-61985

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282nd DISTRICT COURT
VS. Gary Green § OF DALLAS COUNTY, TEXAS

Appointment Date:_____ Disposition Date:_____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAP MURDER	09-59380-D		
DEATH			
Execution Pen.			

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED, ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL ☐ $720 (Full day) ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

COUNTY AUDITOR DALLAS COUNTY, TEXAS 10 NOV 19 AM 11:00

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☑ F. I request payment for expert witness/investigator expenses in the amount of $ 777.62 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 777.62 DEATH PEN. **COURT APPROVED AMOUNT: $** 777.62

PAUL JOHNSON

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 11-18-10

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 03165 DBOX 16277)

Name JEFF GARDNER State Bar No. _____

Mailing Address: PO BOX 162772 FT. WORTH TX 76161
Number Street Suite City State Zip

Telephone: 2149943535 Soc. Sec. No. FILE
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

11/19/10
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1554

TIME SHEET SUMMARY FOR: JEFFREY GARDNER AND ASSOCIATES, PRIVATE INVESTIATIONS, PO BOX 162772, FORT WORTH, TEXAS 76161 214-994-3535

CASE Green, Gary CAUSE NUMBER: 09-59380-3 CLIENT: P. Johnson

DATE	SUMMARY	TIME	MILEAGE	EXPENSE
11/3	P/UP WITNESSES @ RESIDENCE			
	DELIVER TO COURT, WAIT			
	FOR TESTIMONY, RETURN			
	WIT TO RESIDENCE.			
	7:15 A - 4:45 P	9.5	73	
11/2	COURT SETTING, DELIVER			
	RETURNS.	3.5	26	
11/2	WITNESS SUBPOENA ISSUE			
	& SERVICES.	4.25	68	
10/28	RENEW GOODNESS DOC'S	.75		
		18	167	
	TOTAL HOURS = 18 @ $40. =	720.	-	
	TOTAL MILES = 167 @ $.345 =	57.62		
	TOTAL INVOICED =	777.62		

EXHIBIT 36 Page 14

1555

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 151 of 236 PageID 9077

120 445 6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS: GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: 7/30/10 Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

COUNTY AUDITOR
10 AUG 2 AM 10:46
PRE-AUDIT RECEIVED

OFFENSE:	CASE NO.:	GRADE:	AU[illegible] NO.:
CAPITAL MURDER	F09-59380	CAPITAL - DEATH PENALTY	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL☐ $720 (Full day).....☐ $360 (Half day)
- ☐ COMPETENCY HEARING☐ $540 (Contested)☐ $270 (Agreed)

Previous payment made for [illegible]
By _____ 8-25-10 Date

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ F. I request payment for expert witness/investigator expenses in the amount of $4,651.00 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $ 4,651.00 **COURT APPROVED AMOUNT: $** 4,651.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

PAUL J. JOHNSON Attorney at Law. Date: 7/30/10

4V req'd 0 under

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name DR. GILBERT MARTINEZ State Bar No. 10278230

Mailing Address: 3603 PAESANOS PKWY, #300, SAN ANTONIO, TX 78231
Number Street Suite City State Zip

Telephone: 210-615-6906 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

7/30/10 _____
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

1557

GILBERT MARTINEZ, PH.D.
PKWY., SUITE 300
LICENSED PSYCHOLOGIST
ANTONIO, TEXAS 78231
CLINICAL NEUROPSYCHOLOGY
(210)-615-6906

3603 PAESANOS
SAN
FAX
PH (210)-614-3011

ITEMIZED BILLING STATEMENT

Paul J. Johnson
Attorney at Law
1825 Market Center Blvd, Suite 320
Dallas, Texas 75207

Billing Date: 6/30/10
Account ID: 6079659
Invoice #: 607965901

Cause No. F0959380 The State of Texas vs. Gary Green, In the 282nd District Court of Dallas County, Texas

Psychological Services Provided For: **Mr. Gary Green**
Date of Birth: **3/14/1971**

Account Activity

DATE	DETAILS	CPT	UNITS	CHARGES
5/25/10	Neuro Psych Assess (6hr)	96118	6.0	$1710.00
5/25/10	Diagnostic Interview (2.0hr)	90801	2.0	$570.50
6/10-29/10	Test Scoring, Interp, Report (4.5hr)	96118	4.5	$1282.50
6/28/10	Record Review (1.0hr)		1.0	$285.00
5/25-26/10	Travel Time/ Cost			$803.00
	Subtotal:			$4651.00

Retainer :			$00.00
	TOTAL DUE:	13.5	$4651.00

Please pay this amount: **$ 4651.00**

180 - 44135-6181

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAP MURDER	F09-59380	CAPITAL	
Death Penalty			

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

2010 DEC 14 AM 11:42

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL ☐ $720 (Full day)..... ☐ $360 (Half day).
- ☐ COMPETENCY HEARING ☐ $540 (Contested).... ☐ $270 (Agreed)

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ F. I request payment for expert witness/investigator expenses in the amount of $5,588.76 for services performed as listed on the attached itemized bill.

TOTAL AMOUNT REQUESTED: $5,588.76 **COURT APPROVED AMOUNT:** $5588.76 ✓

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

PAY DIRECT TO

_____, Attorney at Law. Date: 12/3/10

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 126556/PaesanoSP)

Name DR. GILBERT MARTINEZ State Bar No. 10778230

Mailing Address: 3603 PAESANOS PKWY, # 300, SAN ANTONIO, TX 78231
Number Street Suite City State Zip

Telephone: 210 614 3011 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

12/10/10 _____ ✓
Date Judge

1560

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

Gilbert Martinez, Ph.D.
Licensed Psychologist
Clinical Neuropsychology

3603 Paesanos Pkwy., Suite 300
San Antonio, Texas 78231
fax (210)-615-6906
Ph (210)-614-3011

ITEMIZED BILLING STATEMENT

Paul J. Johnson
Attorney at Law
1825 Market Center Blvd, Suite 320
Dallas, Texas 75207

Billing Date: 11/5/10
Account ID: 6079659
Invoice #: 607965902

2010 DEC 14 AM 11:42

Cause No. F0959380 The State of Texas vs. Gary Green, In the 282nd District Court of Dallas County, Texas

Psychological Services Provided For: **Mr. Gary Green**
Date of Birth: **3/14/1971**

Account Activity

DATE	DETAILS	CPT	UNITS	CHARGES
11/2/10	Court/Conf (8hr)		8.0	$1600.00
11/3/10	Court/Conf (8hr)		8.0	$1600.00
11/4/10	Court/Conf (8hr)		8.0	$1600.00
11/1-4/10	Flight			$305.40
11/1-4/10	Hotel			$400.36
11/1-4/10	Cab/Parking			$83.00
	Subtotal:			$5588.76
	Retainer:			-$00.00
		TOTAL DUE:	24.0	$5588.76

Please pay this amount: $ 5588.76

Please make checks payable to:
Gilbert Martinez, Ph.D.
3603 Paesanos Pkwy, Suite 300
San Antonio, Texas 78231

Tax ID#: 449498812

Subj: **Ticketless Confirmation - MARTINEZ/GILBERT I - XS6HX4**
Date: 10/29/2010 9:39:10 A.M. Central Daylight Time
From: SouthwestAirlines@luv.southwest.com
Reply-to: no-reply@luv.southwest.com
To: GLBRMART@AOL.COM

SOUTHWEST.COM

MARTINEZ/GILBERT I | **Confirmation Date:** 10/29/10 | **Confirmation Number:** XS6HX4

Passenger Information

Passenger(s)	Account Number	Ticket #	Expiration[1]
MARTINEZ/GILBERT I	00000386964771	5262134729365	10/29/11

[1] All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: SAN ANTONIO TX to DALLAS LOVE FIELD *(Travel Time: 1 hrs)*

Date	Flight	Flight Information
Mon Nov 01	1304	Depart SAN ANTONIO TX (SAT) at 7:45 PM Arrive in DALLAS LOVE FIELD (DAL) at 8:45 PM

Return: DALLAS LOVE FIELD to SAN ANTONIO TX *(Travel Time: 1 hrs)*

Date	Flight	Flight Information
Wed Nov 03	3067	Depart DALLAS LOVE FIELD (DAL) at 7:50 PM Arrive in SAN ANTONIO TX (SAT) at 8:50 PM

Cost and Payment Summary

Base Fare	$264.18
+ Excise Taxes	$19.82
Advertised Fare	$284.00
+ Segment Fee	$7.40
+ Passenger Facility Charge	$9.00
+ Security Fee[2]	$5.00
Total Payment	**$305.40**

Current payment(s)
10/29/10 Discover XXXXXXXXXXX[redacted]$305.40

[2] Security Fee is the government-imposed September 11th Security Fee.

Fare Rules

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual

LA QUINTA INNS & SUITES
FREE BREAKFAST & HIGH-SPEED INTERNET

EARLYBIRD CHECK-IN
Let us take care of Checkin for you.
ONLY $10 ONE WAY
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Need A Car?

Browse All Cars

Where to Stay

Browse All Hotels

What To Do
SOUTHWEST.COM TRAVEL GUIDE
Travel Guide

Subj: **Hotel Confirmation - Gilbert Martinez -**
Date: 10/29/2010 9:38:47 A.M. Central Daylight Time
From: SouthwestAirlines@luv.southwest.com
Reply-to: no-reply@luv.southwest.com
To: glbrmart@aol.com

SOUTHWEST.COM

2010 DEC 14 AM 11:42

Hello Gilbert,
Thank you for booking with southwest.com. Your hotel reservation has been confirmed. Please print this email for your records. We hope you have a great trip!

-Your friends at Southwest Airlines.

Confirmation Number:
YQW7NG

Booking Date:
October 29, 2010

Reservation Details

Dates

Check-in:
November 1, 2010 3:00 PM
Check-out:
November 3, 2010 1:00 PM

Guest Information

Guest: Gilbert Martinez
Billed To: DISCOVER XXXXXXXXXXXX[redacted]

Room Details

Deluxe Room - 2 double beds or 1 king bed

Hotel Contact Information



Adolphus Hotel

1321 Commerce Street
Dallas, TX 75202 United States

1-214-742-8200

Questions regarding your reservation call 214-792-5070

Rate Details

Night	Special Offers	Rooms	Rate
Monday, November 1, 2010	Southwest Big Hotel Sale! Save 50%	1	$99.00
Tuesday, November 2, 2010	Southwest Big Hotel Sale! Save 50%	1	$99.00
	Taxes & Fees		$33.68
		Total	$ 226.72

173.64
400.36

Details

- **Payment Policy**
 - **Rate Prepay Policy:** Prepayment by credit card required
 - **Deposit Policy:** 198.00USD deposit required by 10/29/2010 Prepayment by credit card required
- **Cancellation:** Southwest Airlines does not charge cancellation or change fees for any hotel booked on southwest.com. However, we are required to pass on the following fees that are imposed by the property. Cancellations or changes made within 1 day prior to 12:01 AM local hotel time on the day of arrival are subject to a $115.84 charge. Cancellations or changes made after 12:01 AM local hotel

1563



THE ADOLPHUS

1321 Commerce Street Dallas, Texas 75202
214-742-8200 Toll Free 800-221-9083
www.hoteladolphus.com reservation@adolphus.com

Martinez, Gilbert

FOLIO NO.: 40S9MQ
ROOM NO.: 1119 CLERK: BG
ARRIVE: 11/03/10
DEPART: 11/04/10
RATE/PACKAGE: 107.00
RATE/PACKAGE: DESCRIPTION: Government Rate DLX
NO. IN PARTY: 1
DEPOSIT REC'D:

2010 DEC 14 AM 11:

DATE	DESCRIPTION		CHARGES	PAYMENTS
11/03/10	GRD Charge	#\01-00216	25.58	
11/03/10	Room Charge		107.00	
11/03/10	City Tax		7.49	
11/03/10	State Tax		6.42	
11/03/10	Arena Tax		2.14	
11/04/10	GRD Charge	#\01-00020	25.01	
	Subtotals		$ 173.64	0.00
	BALANCE DUE		$ 173.64	

Thank you for staying with us.

1564

EXHIBIT 37 Page 8

If you would like to be added to our e-mail list, please visit our website at www.hoteladolphus.com.

2010 DEC 14 AM 11:43

Questions Or Comments?
Please Contact:
San Antonio International Airport
9800 Airport Blvd
San Antonio TX 78216
(210) 207-3465
Rcpt# 21958
11/04/10 17:42 L# 3 A# 18 Txn# 54826
11/01/10 18:27 In 11/04/10 17:42 Out
Tkt# 796821
LONG-TERM $ 30.00
Total Fee $ 30.00
Discover $ 30.00-
XXXXXXXXXXXX[redacted]
Approval No.:004278
Reference No.:030822204047
Change Due $ 0.00
Thank You For Choosing To Park With Us

STAR ☆ CAB

4411 Ross Ave.
Dallas, TX 75204

214-252-0055
Fax 214-821-7889

24 Hour Dispatch Service • We accept credit cards & time calls

Date 11-4-10 Time
Fare 25.00 Extra 3.00
Driver
Cab Number #2800

We appreciate your business

YELLOW CAB
Dallas / Fort Worth

Amount/Cuenta: $25-0 Date/Fecha: 11/01/10
Trip From/Viaje de: Love Fld
To/Destinacion: Dwtn
Driver/Taxista:
ID#: Taxi #1565

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAP MURDER	F09 59380	CAP	
Death Penalty			

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

2010 DEC 14 AM 11:4

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540
- ☐ CONTESTED TRIAL ☐ $720 (Full day)..... ☐ $360 (Half day)
- ☐ COMPETENCY HEARING ☐ $540 (Contested) ☐ $270 (Agreed)

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ F. I request payment for expert witness/investigator expenses in the amount of $ 3,000.00 for services performed as listed on the attached itemized bill. BILL ATTACHED

TOTAL AMOUNT REQUESTED: $ 3,000.00 **COURT APPROVED AMOUNT: $** 3000.00

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services.

_____, Attorney at Law. Date: 12/13/10

PAY DIRECTLY TO

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 133170)

Name KELLIE GRAY-SMITH, PHD State Bar No. 10778230

Mailing Address: 1128 PATCH GROVE DRIVE, FRISCO, TX 75034
Number Street Suite City State Zip

Telephone: 972 333 2912 Soc. Sec. No. [redacted]
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

12/10/10
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached.

Payment Approved
By _____
Date 12/20/10

1566

Kellie Gray-Smith, PhD
Licensed Psychologist
HYPERLINK "mailto:ggraysmith@yahoo.com"
ggraysmith@yahoo.com
972-333-2912
1128 Patch Grove Drive
Frisco, TX 75034

2018 DEC 14 AM 11:42

Bill of Services for Expert Testimony

Service:	Fee:
Research and preparation for testimony	**$1000.00**
Cultural implications for accessing mental health services	
African American Trends	
Genetic Trends	
Special Education (SPED) services	
Purpose	
Differentiation between eligibility for SPED based on a learning disability and emotional/ social/behavioral conditions	
Types of services provided	
Effects of early evaluation, diagnosis, and intervention on prognoses	
Effects of late or no evaluation, diagnosis, and intervention on prognoses	
Preparation with Kelly Goodness, PhD And Paul Johnson	**$1000.00**
Expert Testimony	**$1000.00**
Cultural implications for accessing mental health services	
African American Trends	
Genetic Trends	
Special Education (SPED) services	
Purpose	
Differentiation between eligibility for SPED based on a learning disability and emotional/ social/behavioral conditions	
Types of services provided	
Effects of early evaluation, diagnosis, and intervention on prognoses	
Effects of late or no evaluation, diagnosis, and intervention on prognoses	

GGRAYSMITH@yahoo.

1567

Invoice

Staci Eudy

Sent: Monday, December 20, 2010 12:47 PM

To: GGRAYSMITH@YAHOO.COM

Good Afternoon,

I need service date(s) for the invoice you submitted for Gary Green. Please provide this information as soon as possible.

Thank you,

Staci Eudy, Accounting Clerk

Dallas County Auditor's Office

Tel#: 214-653-7352 Fax# 214-653-6440

Re: Invoice

kellie graysmith [ggraysmith@yahoo.com]

Sent: Monday, December 20, 2010 1:38 PM

To: Staci Eudy

Hello, it was Oct.! 18, 2010.

Sent from Yahoo! Mail on Android

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: _____ Partial/Supplemental Payment Request: YES / NO
Date of Initial Contact: _____ Dates of Jail Visits: _____ Resubmitted

OFFENSE:	CASE NO.:	GRADE:	AUDIT NO.:
CAPITAL MURDER	F09.59380	CAPITAL DEATH PENALTY	

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. ONLY IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE MAY ADDITIONAL COMPENSATION BE REQUESTED AS PROVIDED IN SECTION "B".

This case has been finally disposed of in the following manner (circle one):

DISMISSAL — AGREED PLEA — OPEN PLEA — JURY TRIAL — TBC — REVOCATION HEARING — COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):
- ☐ PROBATION VIOLATION$270
- ☐ 2ND DEGREE FELONY$450
- ☐ CONTESTED TRIAL ☐ $720 (Full day) ☐ $360 (Half day)
- ☐ COMPETENCY HEARING..... ☐ $540 (Contested) ☐ $270 (Agreed)
- ☐ STATE JAIL/3RD DEGREE FELONY.....$360
- ☐ 1ST DEGREE FELONY/MINI-CAP$540

☐ B. I request additional compensation (at the rate of $90 per hour) in the amount of $_____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $_____ for services performed and/or $_____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ E. Writ. I request compensation (at the rate of $90 per hour) in the amount of $_____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ F. I request payment for expert witness/investigator expenses in the amount of $ 10,812.50 for services performed as listed on the attached itemized bill. See ATTACHED INVOICE

TOTAL AMOUNT REQUESTED: $ 10,812.50 **COURT APPROVED AMOUNT: $** 10,812.50

2011 MAY -4 AM 11:15 DALLAS COUNTY AUDITOR

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services:

PAUL J. JOHNSON Attorney at Law. Date: 5/2/11

PAY DIRECT TO:

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. _____)

Name DR. DAVID SELF State Bar No. 10778230

Mailing Address: P.O. BOX 448, FLINT, TX 75762
Number Street Suite City State Zip

Telephone: 903-561-7041 Soc. Sec. No. [redacted]
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS: W-9 - ATTACHED

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

5/2/11
Date

Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, see attached

1570

5/11/11

P.O Box 448
Flint, Texas 75762

Ph. 903-561-7041
Fax 903-561-5342
dselfmd@yahoo.com

DAVID SELF M.D.
FORENSIC PSYCHIATRY

INVOICE FOR SERVICES

In the matter regarding: state v. Gary Green Capital Murder
Cause# F-09-59380 282nd District Court
Dallas County, Texas

Services provided to: Paul Johnson defense counsel

Examination : 7/12/2010 competency.....2.25 hours
8/18/2010 MSO.....4.5 hours

Review of records:
7/12/2010 (jail psych; Timberlawn; offense reports)....3.5 hours
10/10/2010.....11.0 hours

Confer with counsel : 7/12/2010.....1.0 hours
10/14/2010.....2.0 hours

Preparation of reports/testimony: CST.....2.5 hours
Mitigation.....8.5 hours

Travel: 7/12/2010 (1/2 of trip).....2.0 hours
8/18/2010 (round trip).....4.0 hours
10/14/2010 (1/2 trip).....2.0 hours

Services billed at: $ 250.00 per hour X Total time 43.25 hours
Balance due: $10,812.50

3/10/2010

David Self M.D. date

20-4435-6185

REQUEST FOR PAYMENT BY APPOINTED COUNSEL

THE STATE OF TEXAS § IN THE 282 DISTRICT COURT
VS. GARY GREEN § OF DALLAS COUNTY, TEXAS

Appointment Date: _____ Disposition Date: 11/5/10 Partial/Supplemental Payment Request: YES / NO
Dates of Jail Visits: _____

OFFENSE:	CASE NO.:	GRADE:
CAPITAL MURDER	F09-59380	CAPITAL - DEATH PENALTY

I UNDERSTAND THAT I MAY BE COMPENSATED UNDER SECTION "A" BELOW ONLY IF THE CASE HAS BEEN FINALLY DISPOSED OF EITHER BY A DISMISSAL, PLEA, TRIAL, CONTINUATION OF COMMUNITY SUPERVISION, OR COMPETENCY DISPOSITION. I FURTHER UNDERSTAND THAT WHEN I AM COMPENSATED UNDER SECTION "A" BELOW, I AM NOT REQUIRED TO LIST THE LEGAL SERVICES PROVIDED. IF THERE ARE EXCEPTIONAL CIRCUMSTANCES IN THE CASE, ADDITIONAL COMPENSATION MAY BE REQUESTED AS PROVIDED IN SECTION "B".

COUNTY AUDITOR DALLAS COUNTY DALLAS, TEXAS 11 JAN 20 PM 3:0

This case has been finally disposed of in the following manner (circle one):

DISMISSAL--AGREED PLEA--OPEN PLEA--JURY TRIAL—TBC--REVOCATION HEARING--COMPETENCY HEARING

☐ A. I request standard compensation for this case as follows (check one):

☐ PROBATION VIOLATION.....$300	☐ STATE JAIL/3RD DEGREE FELONY.....$400
☐ 2ND DEGREE FELONY.....$500	☐ 1ST DEGREE FELONY/MINI-CAP.....$600
☐ CONTESTED TRIAL.....☐$800 (Full day).....☐$400 (Half day)	
☐ COMPETENCY HEARING.....☐$600 (Contested).....☐$300 (Agreed)	

☐ B. I request additional compensation (at the rate of $100 per hour) in the amount of $ _____ for services performed. If I am requesting additional compensation, or if I am requesting compensation for services performed prior to counsel being retained, I must attach the form entitled ***"Detailed List of Legal Services Provided."***

☐ C. Death Penalty Case. I request compensation at the rate of $150.00 per hour in the amount of $ _____ for services performed and/or $ _____ for voir dire and each day of trial as listed on the attached ***"Detailed List of Legal Services Provided."***

☐ D. Appeal/Writ. I request compensation (at the rate of $100 per hour) in the amount of $ _____ for services performed as listed on the attached ***"Detailed List of Legal Services Provided."***

☒ E. I request payment for expert witness/investigator expenses in the amount of $ 1,000= for services performed as listed on the attached itemized bill. invoice attached

TOTAL AMOUNT REQUESTED: $ 1,000= **COURT APPROVED AMOUNT: $ 1,000.00**

Search Made for Liens on Payment
By: _____ Date: 1-25-11

AFFIRMATION

I the undersigned attorney, am appointed to represent the above-named defendant and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness to the information stated above, and that I have not received any other monies or anything else of value for said services..

_____ Attorney at Law. Date: 1/18/11

PAY DIRECT TO:

ATTORNEY INFORMATION (Print): (For Auditor Use Vendor I.D. 11971/Huntsville)

Name S.O. WOODS JR. State Bar No. 10778230

Mailing Address: 924 ELKINS LAKE, HUNTSVILLE, TX 77340
Number Street Suite City State Zip

Telephone: 936.295.7445 Soc. Sec. No. _____
(Not required if S.S. number is on file with County Auditor's Office)

TO THE COMMISSIONERS COURT OF DALLAS COUNTY, TEXAS:

I the undersigned Judge of Dallas County, Texas do hereby certify that the defendant in the above cause(s) has on file with this court an affidavit reflecting indigency and an inability to afford counsel, that the attorney shown above has been appointed to represent the defendant and that said attorney is entitled under Article 26.05, Texas Code of Criminal Procedure, to be paid from the General Fund of Dallas County, Texas, for services performed in the amount shown above.

1/20/11 _____ 1572
Date Judge

Reason for Denial or variation: ☐ Request exceeds flat rate. ☐ Request exceeds hourly rate. ☐ Other, as attached.



S.O. Woods, Jr.
Criminal Justice Consultant

November 10, 2010

Paul J. Johnson
Attorney at Law
1825 Market Center Blvd.
Suite 320
Dallas, Texas 75207

Mr. Johnson:

Please accept the following as my bill for services relating to State vs. Gary Renard Green, cause # FO9-59380, 282nd District Court of Dallas County. The total bill is for $1,000.00.

My time is itemized as follows:

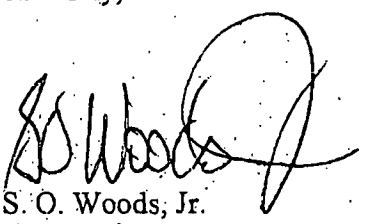
10-01-2010	Received telephone call from Paul J. Johnson in re State vs. Green;	
10-02-2010	Received court orders from Paul J. Johnson in re Gary Renard Green;	
10-04-2010	Visited Bureau of Classification and Records to review and copy files in re Gary Renard Green	2 hours
10-05-2010	Made telephone call to Paul J. Johnson;	
10-06-2010	Visited Bureau of Classification and Records to pickup files in re Gary Renard Green;	
10-06-2010	Made telephone call to Paul J. Johnson;	
10-07-2010	Reviewed and organized Texas Department of Criminal Justice-Institutional Division files in re Gary Renard Green:	1 hour
10-08-2010	Met with Paul J. Johnson, Kobby Warren, and Brady Wyatt. Toured the Huntsville Unit of Texas Department of Criminal Justice-Institutional Division; and	1 hour
11-10-2010	Made telephone call to Paul J. Johnson.	

My time is summarized as follows:

Records Review	3 hours @ $250.00 an hour	$ 750.00
Consultation	1 hour @ $250.00 an hour	250.00
Total	4 hours @ $250.00 an hour	$1000.00

There are no travel or expenses relating to this matter. If you need further assistance, please advise.

Sincerely,



S. O. Woods, Jr.
924 Elkins Lake
Huntsville, Texas 77340
SS #457-84-8824
936.295,7445 (home and Fax)

STATE OF TEXAS
COUNTY OF DALLAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared Elizabeth A. Lutton, who, being by me duly sworn, deposed as follows:

My name is Elizabeth A. Lutton, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am a custodian of the records of **Dallas Sheriff's Office (DSO), Dallas County, Texas.** Attached hereto are **3 pages** of records from **DSO**. This said **3 pages** of records is kept by **DSO** in the regular course of business, and it was the regular course of business of **DSO** for an employee or representative of **DSO**, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Elizabeth Lutton
AFFIANT

SWORN TO AND SUBSCRIBED before me on the 9 day of March, 2011.

My commission expires: 9-13-2011

Notary Public,
State of Texas
Notary's printed name:

Roberta Denise Whited

ROBERTA DENISE WHITED
Notary Public
STATE OF TEXAS
Commission Exp. 09-13-2011

Logout | Home | My Tools | Help | Quick Links

GREEN, GARY Search Referrals User: Roberta Whited

Identification | Offense (4) | Arrest (3) | Book-In | Magistrate | Warrants | Jail | Bonds | Pre-Trial Rel | Dist. Attorney | Prosecutor | Grand Jury | Warrant Service | Divert Court | Court

Current BookIn No: 09073266 - Released

Adult Identification Information



Date: 9/22/2009
Photos(3)

AIS Number	DPS/SID Number	LAI Number	FBI Number
2643937	04205494	580396	[redacted]
True Last Name	**Suffix**	**True First Name**	**Middle Name**
GREEN		GARY	
Date of Birth	**Current Age**	**Height**	**Weight**
03/14/1971	39	6' 3"	275 lb
Photo	**Fingerprints**	**In Dallas Jail Before**	**Native Language**
Unavailable	Unavailable	NO	English
Race	**Sex**	**Ethnicity**	**Skin Tone**
Black	Male	Non Hispanic	Medium

Jail Classification | Custody Assessment | Jail Incidents | Jail Misc. | Jail Visitors | D/O | EMO

Jail Visitors

	Book-In No.	Last Name	First Name	DOB	Sex	Race	Book-In DT/TM	Jail
	06066641	GREEN	GARY	3/14/1971	Male	Black	8/11/2006 11:58:00 AM	North Tower

#	Last Name	First Name	Driver's License	Visitor Type	Status	Visit DT/TM
1	SAMPSON	MARY	08697135	Other	Cleared	8/14/2006 8:03:00 PM

	Book-In No.	Last Name	First Name	DOB	Sex	Race	Book-In DT/TM	Jail
	08062551	GREEN	GARY	3/14/1971	Male	Black	8/12/2008 9:12:00 AM	North Tower

#	Last Name	First Name	Driver's License	Visitor Type	Status	Visit DT/TM
6	ARMSTRONG	LOVETTA	04748734	Family Member	Cleared	9/7/2006 10:18:00 AM
2	armstead	lovetta	04748734	Other	Cleared	8/24/2008 8:50:00 AM
1	ARMSTEAD	LOVETTA	02522787	Other	Cleared	8/27/2008 7:00:00 PM
4	williams	lenelle	15025288	Other	Cleared	8/30/2008 2:15:00 PM
3	sampson	mary	08697135	Other	Cleared	8/30/2008 2:15:00 PM
5	ARMSTEAD	LOVETTA	0478734	Other	Cleared	9/10/2008 7:20:00 PM
7	ARMSTEAD	LOVETTA	04748734	Other	Cleared	9/17/2008 7:35:00 PM
9	SAMPSON	MARY	08697135	Other	Cleared	9/20/2008 2:25:00 PM
8	WILLIAMS	LENELLE	15025288	Other	Cleared	9/20/2008 2:25:00 PM
10	ARMSTEAD	LOVETTA	04748734	Other	Cleared	9/21/2008 8:37:00 AM

	Book-In No.	Last Name	First Name	DOB	Sex	Race	Book-In DT/TM	Jail
	09073266	GREEN	GARY	3/14/1971	Male	Black	9/22/2009 10:54:00 AM	West Tower

#	Last Name	First Name	Driver's License	Visitor Type	Status	Visit DT/TM
2	carter	nysasno	18803577	Other	Cleared	9/25/2009 7:55:00 PM
3	Smith	Lvie	17521240	Other	Cleared	9/26/2009 2:30:00 PM
4	dimple	gary		Attorney	Cleared	10/1/2009 2:00:00 PM
6	SAMPSON	LEON	060874446	Family Member	Cleared	10/2/2009 8:50:00 PM
5	SAMPSON	MARY	000000	Family Member	Cleared	10/2/2009 8:50:00 PM
8	SAMPSON	MARY	08697135	Family Member	Cleared	10/7/2009 7:15:00 PM
7	WILLIAMS	LENELLE	15025288	Family Member	Cleared	10/7/2009 7:20:00 PM
9	Sampson	Mary	08697135	Family Member	Cleared	10/17/2009 1:10:00 PM
11	williams	lenell	15025288	Family Member	Cleared	10/24/2009 12:00:00 AM
12	SAMPSON	MARY	08697135	Family Member	Cleared	10/29/2009 7:25:00 PM
13	sampson	mary	08697135	Other	Cleared	11/7/2009 1:15:00 PM
16	sampton	leon	06087446	Other	Cleared	11/26/2009 12:00:00 AM
17	sampton	mary	08697135	Other	Cleared	11/26/2009 12:00:00 AM

14	williams	lanelle	15025288	Other	Cleared	12/12/2009 2:26:00 PM
18	sampson	mary	08697135	Family Member	Cleared	12/17/2009 12:00:00 AM
15	williams	lenelle	15025288	Other	Cleared	12/19/2009 3:00:00 PM
19	sampton	mary	08697135	Other	Cleared	12/24/2009 12:00:00 AM
10	WILLIAMS	LENELLE	15025288	Family Member	Cleared	1/2/2010 2:32:00 PM
21	sampson	mary	08697135	Other	Cleared	1/14/2010 12:00:00 AM
20	frazier	zaqoviah	26216599	Other	Cleared	1/14/2010 12:00:00 AM
23	sampson	mary	08697135	Other	Cleared	1/31/2010 10:39:00 AM
25	SAMPSON	LEON	06087446	Other	Cleared	2/18/2010 7:55:00 PM
24	SAMPSON	MARY	08697135	Other	Cleared	2/18/2010 7:55:00 PM
26	wyatt	bradley		Attorney	Cleared	3/2/2010 8:50:00 AM
27	warren	kobby		Attorney	Cleared	3/2/2010 11:35:00 AM
28	sampson	mary	08697136	Other	Cleared	3/4/2010 8:31:00 PM
29	SAMPSON	MARY	08697135	Family Member	Cleared	3/27/2010 12:41:00 PM
30	SMITH	LEVIE	09073266	Family Member	Cleared	3/28/2010 10:27:00 AM
31	sampson	mary	08697135	Family Member	Cleared	4/3/2010 12:36:00 PM
33	green	mary	08697135	Other	Cleared	4/12/2010 8:03:00 PM
32	green	leon	06087446	Other	Cleared	4/12/2010 8:03:00 PM
34	SAMPSON	MARY	08697135	Family Member	Cleared	5/9/2010 10:04:00 AM
35	williams	lenelle	15025288	Family Member	Cleared	5/16/2010 2:00:00 PM
36	williams	lenelle	15025288	Family Member	Cleared	5/23/2010 11:28:00 AM
22	CARTER	NYSASNO	18803577	Family Member	Cleared	5/24/2010 12:00:00 AM
1	sampson	mary	08697135	Other	Cleared	5/27/2010 12:00:00 AM
37	WILLIAMS	LENELLE	15025288	Other	Cleared	6/27/2010 12:17:00 PM
38	sampson	mary	08697135	Other	Cleared	7/8/2010 7:50:00 PM
39	carter	nysasno	18803577	Family Member	Cleared	7/11/2010 10:00:00 AM
41	self	david	0000000000	Other	Cleared	7/12/2010 12:00:00 PM
40	johnson	paul		Attorney	Cleared	7/12/2010 12:00:00 PM
43	sampson	mary	08697135	Other	Cleared	7/15/2010 8:17:00 PM
42	williams	lenelle	15025288	Other	Cleared	7/15/2010 8:17:00 PM
44	gardner	jeff		Police Officer	Cleared	7/16/2010 2:00:00 PM
45	GARDNER	JEFF		Attorney	Cleared	7/20/2010 10:15:00 AM
46	wyatt	brady		Attorney	Cleared	7/21/2010 10:25:00 AM
47	warren	kobby		Attorney	Cleared	7/21/2010 10:25:00 AM
49	SAMPSON	MARY	08697135	Other	Cleared	7/24/2010 12:15:00 PM
48	SAMPSON	LEON	06087446	Other	Cleared	7/24/2010 12:15:00 PM
50	COMPTON	KRISTI		Attorney	Cleared	8/5/2010 8:36:00 AM
51	SAMPSON	MARY	08697135	Other	Cleared	8/6/2010 11:18:00 AM
52	JOHNSON	PAUL		Attorney	Cleared	8/10/2010 11:30:00 AM
56	SAMPSON	MARY	08697135	Other	Cleared	8/16/2010 7:50:00 PM
55	SAMPSON	MARY	08697135	Other	Cleared	8/16/2010 7:50:00 PM
53	FRAZIER	ZAQUOIAH	26216599	Other	Cleared	8/16/2010 7:50:00 PM
54	SAMPSON	MARY	08697135	Other	Cleared	8/16/2010 7:50:00 PM
57	self	david		Chaplain	Cleared	8/18/2010 10:52:00 AM
58	SAMPSON	MARY	08697135	Family Member	Cleared	9/4/2010 12:00:00 PM
59	SAMPSON	MARY	08697135	Other	Cleared	9/16/2010 8:09:00 PM
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61	FRAZIER	ZAQUOIAH	26216599	Other	Cleared	9/27/2010 7:25:00 PM
62	SAMPSON	MARY	08697136	Other	Cleared	10/9/2010 12:34:00 PM
63	SAMPSON	MARY	08697135	Other	Cleared	10/16/2010 10:28:00 AM
64	CARTER	NYSASNO	18803577	Other	Cleared	10/21/2010 7:30:00 PM
65	SAMPSON	MARY	08697135	Other	Cleared	10/21/2010 7:30:00 PM
66	SAMPSON	MARY	08697135	Other	Cleared	10/28/2010 8:27:00 PM
67	young	darrius	24410100	Other	Cleared	11/4/2010 7:19:00 PM
68	pollard	sheresa	34202115	Other	Cleared	11/4/2010 7:19:00 PM

	70	POLLARD	SHERESA	34202115	Family Member	Cleared	11/7/2010 11:30:00 AM
	69	YOUNG	DARRIUS	24410100	Family Member	Cleared	11/7/2010 11:30:00 AM
	71	Levenson	Brad		Attorney	Cleared	11/17/2010 11:15:00 AM

No. _____

Ex Parte

In the 282nd District Court

of Dallas County

Gary Green §

§

AFFIDAVIT

Before me, the undersigned authority, personally appeared Deputy Porfirio Limones with the Dallas Sheriff's Department, who being duly sworn, deposed as follows:

My name is Porfirio Limones. I am over 18 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am a Deputy with the Dallas Sheriff's Department, 133 N. Riverfront, Dallas, Texas 75207. I work in the Office of Detentions Administration, which operates the Dallas County Jails.

It is the regular practice of the Dallas County Jail personnel to record the names and identifying information for all jail visitors, except for juvenile visitors (children). Visitor's names would be recorded for each inmate visited on the Adult Information System (AIS), which is the computer database for all inmates. While it is possible that a name of a visitor might not be recorded because of a mistake, this is a rare occurrence in the jails.

Further, affiant sayeth not.

Porfirio Limones
Deputy, Dallas Sheriff's Department

SUBSCRIBED AND SWORN TO BEFORE ME, on this the 17th day of April, 2012

Dora Elia Elizondo
Notary Public in and for the State of Texas

DORA ELIA ELIZONDO
Notary Public
STATE OF TEXAS
My Comm Exp. Sep. 09, 2012

Dora Elia Elizondo
Notary's Printed Name

My commission expires:
September 09, 2012

Case 3:15-cv-02197-M-BH Document 24-74 Filed 08/01/16 Page 179 of 236 PageID 9105

In re Gary Green
Chart of Off-the-Record Instances During Voir Dire and Trial Proceedings

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8	81	32	119	40	25	45	12	49	96	53	82
9	27	32	156	40	32	45	16	49	120		
12	132	33	6	40	32	45	18	49	121		
13	17	33	7	40	41	45	19	50	17		
15	11	33	25	40	50	45	20	50	18		
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17	69	35	19	41	42	45	30	50	127		
19	186	35	37	41	66	45	30	50	128		
22	100	36	16	41	67	45	31	51	43		
22	111	36	27	41	142	45	33	51	74		
22	112	36	30	41	160	45	34	51	147		
22	118	36	34	41	171	45	44	51	150		
23	28	36	38	41	219	45	59	51	204		
24	81	37	21	42	82	46	22	52	5		
26	21	38	36	42	83	46	49	52	34		
26	63	38	52	42	99	47	83	52	66		
26	133	38	77	43	37	48	8	52	77		
27	122	38	83	43	39	49	8	52	95		
27	210	38	84	43	65	49	9	52	115		
28	87	38	85	43	150	49	18	52	163		

[redacted]

41

THE MONITOR

Rojas guilty on all counts in capital murder case

Jared Taylor
2011-08-18 10:31:29



EDINBURG — Jurors spent little time Thursday as they left an Hidalgo County man one step away from death row.

Roberto Aguirre Rojas, 45, admitted Monday to the murders of his mother-in-law, stepsons and 2-year-old son and to shooting his ex-wife.

But 398th state District Judge Aida Salinas Flores instructed the jury to consider that guilty plea only as additional evidence of the carnage Rojas unleashed on his family Dec. 6, 2008. They saw gory photos and videos of the massacre's aftermath and heard from its sole survivor, Rojas' ex-wife, Amelia Flores.

It took jurors about an hour to render the guilty verdict on the three felony counts.

Jurors now will decide whether Rojas, 45, will be sentenced to death. The punishment phase of the trial is set to begin Monday morning.

Rojas showed little emotion throughout closing arguments of the trial Thursday morning. Clad in the same black suit he's worn each day, he only sat silently, listening to the translator whispering testimony into his ear in Spanish.

"You have to remember you can't shoot four people — three kids — all at once," Michelle Puig, prosecutor, told the jury in her closing argument. "You can't kill them all at once."

Puig recounted testimony Flores gave Thursday in the trial, when the victim spent more than an hour detailing her abusive marriage and the horror that occurred that night.

On Thursday, Flores told the court her ex-husband was a jealous man, constantly accusing her of cheating while he verbally and physically abused her and the children.

Flores, 27, wept and held her arm around her father as prosecutor Puig displayed photos of her sons in the courtroom while asking jurors to convict Rojas.

One by one, Puig recounted the four killed in the attack: Flores' mother, also named Amelia; Rojas' son, 2-year-old Osiel; and his stepbrothers, Silvester and Mauro Garza, ages 6 and 8.

"He shot her in the face, bullet ricocheting off the back of her skull and planting into her brain," Puig said of the elder Amelia Flores. "But the defendant does what? He makes sure she's dead by shooting her again in the stomach."

Puig reminded the jury of how Flores described her ex-husband and how he tried to kill her the same night he killed her three sons and mother.

"He thinks she's cheating and guess what? He's wrong," Puig said. "He took all these lives for nothing. Amelia wasn't doing anything. Amelia was not supposed to survive. She survived for a reason and took

that stand and looked at all of you to tell you what the defendant did to her. So Amelia, too, deserves a verdict."

Flores gave no comment as she quickly exited the Hidalgo County Courthouse beside her father after the verdict was read.

Rojas' defense lawyers focused on how the defendant has accepted responsibility for the slayings since he turned himself in at the Hidalgo County Jail the day after the attack.

Defense attorney Sergio Valdez filed a motion moments before jurors returned their verdict, arguing that no witnesses had testified that the murders occurred in Hidalgo County, as alleged in the indictments. The judge denied the request to throw out the case.

"It is very tragic what happened, and none of us can imagine what they are going through," Valdez said of the Flores family. "But the day after (the attack), Mr. Rojas went and accepted responsibility. The day after, he went and told the investigators, 'I want justice.'"

Rojas first shared that sentiment at the trial's onset on Monday — that he wants justice for his victims.

—

Jared Taylor covers courts and general assignments for *The Monitor*. You can reach him at (956) 683-4439.

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1586



Alton man pleads guilty to family's murder

by Erika Flores

Posted: 08.15.2011 at 2:51 PM

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Read more: Local, Crime, Roberto Aguirre Rojas, Amelia Flores, Mauro Garza, Sylvestre Garza, Osiel Rojas, Domestic Violence, Estranged Wife, Capital Murder, Murder, Quadruple Murder, Alton, Hidalgo County, Rio Grande Valley, Texas

An Alton man on trial for capital murder has pleaded guilty to killing members of his family back in December 2008.

Roberto Aguirre Rojas appeared for a jury trial before Judge Aida Salinas Flores in the 398th State District Court in Edinburg on Monday morning.

The trial was supposed to begin at 1:30 p.m. Monday but Rojas pleaded guilty.

The 45-year-old man is expected to be sentenced at 10 a.m. Tuesday. He faces life in prison or the death penalty.

Rojas was accused of multiple counts of capital murder following the slaying of three small children, his mother-in-law and the attempted murder of his estranged wife.

The massacre happened northwest of Alton back in December 2008.

Rojas told investigators that he did it because of he and his wife were having marital problems.

His wife Amelia Flores was the sole survivor of the attack. She is now an activist an speaker about domestic violence.

Action 4 News will post more information as it becomes available.

RELATED LINKS

- Alton quadruple murder suspect denied bond
- Alton woman emerges from coma
- Past domestic abuse victims speak out



Alton man gets life in prison for family's murder

by Amber Dixon

Posted: 08.26.2011 at 3:05 PM

Updated: 08.26.2011 at 10:30 PM

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Read more: Local, Roberto Rojas, Ameila Flores, Capital Murder, Life In Prison, Death Penalty, Jury, Deliberations, Alton, Hidalgo County, Rio Grande Valley, Texas

With his attorney's arm around him, Roberto Aguirre Rojas learned he will not be killed.

Instead, a jury sentenced the Alton man to life in prison with no possibility of parole and a $10,000 fine.

Rojas plead guilty to murdering his son, two stepchildren and his mother-in-law last week.

The murders happened in December of 2008.

Rojas will never have the chance to leave prison.

Still, his sentence struck anger in an uncle of the murdered kids.

The uncle scolded the jury.

"You just showed everybody, everybody in the whole world that you can kill your family and your own son, people we love and you can live, get life in prison," said the uncle. "It's a shame."

Rojas's wife, who Rojas tried to kill, left the courtroom after hearing only one of Rojas's three sentences.

Rojas himself spoke few words and had little reaction during his sentencing.

Rojas had nothing to tell reporters as attorneys led him from the courtroom back to jail.

Rojas will stay in jail until he dies.

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AFFIDAVIT OF ROBERT ROMIG

I, Robert Romig, declare as follows:

1. My name is Robert Romig. I am currently a post-conviction attorney for the Office of Capital Writs ("OCW"), in Austin, Texas. I have held this position since December 2010.
2. I am a member of the post-conviction legal team for Gary Green. As part of my representation of Green, I have had multiple contacts with Green's former capital trial counsel: Paul Johnson, Brady Wyatt, and Kobby Warren.
3. The OCW's protocol is to meet with trial counsel as soon after our appointment as possible. At that first meeting, OCW attorneys retrieve trial counsel's files and talk with counsel in general about their representation of the client. If at all possible, OCW attorneys plan at least two additional in-person interviews with counsel—one at the mid-point of the investigation and one before the Application filing. Further, OCW attorneys attempt to maintain contact with trial counsel throughout the post-conviction litigation, either by email or phone.
4. The OCW was appointed to represent Green on November 10, 2010.
5. Members of the OCW, including attorney Chakira Hunter and investigator Brian Fayhee, spoke to trial counsel and collected their files in December 2010. It is my understanding that each counsel provided one banker box of files, which constituted all of the files created by trial counsel.
6. In October 2011, at the mid-point of our investigation, I spoke with trial counsel Brady Wyatt to ask some follow-up questions about the representation of Green. I also scheduled an in-person meeting with Mr. Wyatt for November 16, 2011. The purpose of this meeting was to review

with him the progress of our investigation and to discuss any further questions our team might have for him.

7. I also attempted to schedule similar meetings with lead counsel Paul Johnson and co-counsel Kobby Warren, but could not reach either of them by phone or email.

8. The week before our scheduled meeting, Mr. Wyatt contacted me with concerns that the meeting was scheduled without the other attorneys. He indicated to me that no counsel would meet with the OCW except when all three counsel were present. I asked Mr. Wyatt if we could arrange such a meeting and sent an email to Mr. Johnson asking the same.

9. I received a phone call from Mr. Johnson on November 16, 2011 agreeing to a meeting with all counsel present, although Mr. Johnson would not set a definite date for the meeting. Over the next few months, I contacted Mr. Johnson (as well as the other counsel) several more times by email to schedule that meeting.

10. That meeting ultimately took place on February 24, 2012. In attendance were all three counsel, myself, and Ms. Hunter. At this meeting we discussed the progress of our investigation. We also asked counsel many questions about their representation of Green and their actions during trial. In addition, I confirmed with each counsel that we had received the entirety of their files for the Green case. At the conclusion of the meeting, I told trial counsel that we would like to schedule one additional meeting before the application filing.

11. In late April and May 2012, I again contacted all three trial counsel to set up this meeting. I initially spoke to Mr. Wyatt, who indicated he thought Mr. Johnson would no longer take my phone calls. In fact, Mr. Johnson did not return my calls until the end of May. I also emailed Mr. Johnson and got no

response. Mr. Warren did not respond to my voicemail, and Mr. Wyatt stopped returning my calls as well. During the month of May, I either called or emailed each counsel a minimum of three times.

12. During this time, I drafted an affidavit for Mr. Johnson based on the information provided to us by counsel in our various meetings and phone and email conversations. In my emails and phone calls to counsel, I informed them that I would like to have them review and hopefully sign the draft affidavit. A copy of this draft affidavit is attached to this affidavit.

13. Mr. Johnson returned my call on May 31, 2012. He asked me to send him the draft affidavit to review. I asked to schedule a meeting in Dallas during the next week as our deadline for filing was approaching. I emailed the draft affidavit to Mr. Johnson, Mr. Wyatt, and Mr. Warren the same day.

14. I emailed counsel again on June 4, 2012 to see if they had reviewed the affidavit, whether they would agree to sign it, or whether there were changes to be made. I called Mr. Wyatt on June 6, 2012, and he stated that he was meeting that afternoon with Mr. Johnson to discuss the affidavit.

15. I emailed Mr. Wyatt again on June 7, 2012 and called on June 8, 2012, but received no response.

16. I received an email from Mr. Wyatt on June 11, 2012. According to Mr. Wyatt, he and Mr. Johnson had spoken about the affidavit, but he was on vacation and would not return until June 18, 2012. I responded to his email that this would be past the date we intended to file and that I needed to know at the very least whether counsel intended to sign the affidavit. I also emailed Mr. Johnson the same.

17. I received a phone call from Mr. Johnson on the afternoon of June 11, 2012. He stated that did not think that he needed to sign an affidavit until he reviewed the entire application. He said that all the affidavits he had signed

in the past were for the State and were in response to a writ application being filed, not prior to filing. I told Mr. Johnson that our office believed it was our duty to get input from trial counsel before filing a writ application. He asked me whether that was fulfilled by the meetings we previously had together. I told him that those meetings were the source of our information for the affidavit, but that if counsel did not wish to sign an affidavit, the application would indicate that the information was derived from those meetings.

18. I also asked Mr. Johnson whether there was anything factually incorrect in the draft affidavit I had sent him. He replied that there was nothing wrong "per se" but that he was concerned about how the information could be construed.

19. Before ending the conversation, I confirmed with Mr. Johnson that he did not wish to sign the draft affidavit. He stated that after seeing the writ application, he and his co-counsel would likely sign something. My understanding of this statement was that Mr. Johnson and his co-counsel would be signing an affidavit for the State.

20. I have read and reviewed this four-page affidavit.

I declare under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge and that this affidavit was executed on the 12 day of JUNE, 2012 in Austin, Texas.

Robert Romig

Robert Romig

Subscribed and sworn to before me on June 12, 2012.

Elizabeth Garza

Notary Public, State of Texas

ELIZABETH GARZA
Notary Public, State of Texas
My Commission Expires
APRIL 29, 2015

Notary without Bond

AFFIDAVIT OF PAUL JOHNSON

I, Paul Johnson, declare as follows:

1. My name is Paul Johnson.
2. I acted as lead trial counsel for Gary Green during his capital trial.
3. I was appointed to Green's case soon after he was arrested in September 2009. As soon as I was appointed, I met with Green to discuss his case. I also met with his immediate family.
4. Once my co-counsel, Kobby Warren and Brady Wyatt, were appointed, we began meeting to discuss the development and strategy of the case. Because I was lead counsel, and because this was Warren and Wyatt's first capital trial, I led the development of the case. Warren and Wyatt participated in all aspects of the case and generally mirrored my actions. If a decision needed to be made, however, the ultimate decision-making rested with me.
5. From the time of our appointment, we kept Green updated on the development of the case and our progress. We met with him at the Dallas county jail around once or twice a month. We also met with Green's family and kept them updated.
6. I hired Dr. Kelly Goodness to be the case mitigation specialist. Her role was to identify witnesses for us to interview and gather other records for mitigation evidence. Warren, Wyatt, and I attended all the significant interviews of witnesses that Dr. Goodness performed. We received notes from Dr. Goodness of all the interviews that were conducted.

7. We located and interviewed everyone that we believed was important. Overall, we found that Green's family and friends did not like Green and were not interested in helping Green's case.
8. From the initial investigation, it became clear that there was no question of Green's guilt of the crime. We decided early on that our strategy would be to concede guilt to the jury in order to maintain credibility for our punishment presentation. During the guilt phase, we did not present any evidence, in keeping with our strategy to concede guilt.
9. During the penalty phase, we offered evidence for, and argued, that Green was not likely to commit acts of criminal violence and be a future danger to society. This was an important piece of our defense from voir dire on and we contested the issue fully.
10. Regarding evidence of mitigation, the theme of our case was that Green was mentally ill and this illness led him down a life path that culminated in the crime. To prove up this theme, we offered two areas of evidence.
11. First, we offered the testimony of several family members who recounted signs of Green's mental illness both in himself and in his family members. In fact, the particular family members we selected to testify (Green's mother, grandmother, and aunt) were chosen because we believed the jury would see how impaired they themselves were and understand the family Green came from. I believe the fact that each of these women were mentally ill came through in our presentation to the jury.
12. Second, we offered the testimony of Dr. Kellie Gray-Smith, a school psychologist, and Dr. Gilbert Martinez, a

neuropsychologist. Dr. Gray-Smith was given Green's school records to analyze and testified about his chronic academic failure.

13. Dr. Martinez testified about Green's mental illness. We asked Dr. Martinez to perform a clinical assessment of Green's mental state and specifically excluded evidence of the crime and Green's prior criminal history from Dr. Martinez's evaluation in order to prevent an assessment of Antisocial Personality Disorder.

14. In addition to these experts, we consulted other experts that did not end up being helpful to our case. We consulted Dr. David Self, a forensic psychiatrist, and asked him to review our investigation materials so he could testify about any areas he found of mitigation. However, his observations were more harmful to us than helpful, so we decided not to use his testimony.

15. We also consulted Mr. S. O. Woods, a prison classification expert. Mr. Woods informed us that he knew of too many past violent incidents with TDCJ inmates and would be asked about them on cross-examination. He believed his testimony would not be helpful, so we decided not to use him.

16. In addition to this evidence, we contested fully the evidence presented by the State in aggravation.

17. During trial, the judge did not make a record of bench conferences, which is customary in Dallas County. However, I made sure that any substantive conversations were made a part of the record.

18. I have read and reviewed this four page affidavit.

I declare under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge and that this affidavit was executed on the ___ day of _____, 2012 in Dallas, Texas.

Paul Johnson

Subscribed and sworn to before me on _____, 2012.

Notary Public, State of Texas

[redacted]

43

AFFIDAVIT OF BRIAN FAYHEE

I, Brian Fayhee, declare the following:

1. My name is Brian Fayhee.
2. I am currently an investigator for the Office of Capital Writs ("OCW"), in Austin, Texas. I have held this position from October 2010 to the present. In my capacity as investigator, I performed work on the case of one of our clients, Gary Green.
3. On December 5, 2010, I traveled with Chakira Hunter, an attorney with the OCW, to Dallas, Texas, where we met with and interviewed Green's trial counsel, Paul Johnson, Brady Wyatt, and Kobby Warren. At that meeting, we asked counsel to provide their complete files from the trial to us. We received one box of files from each of the attorneys.
4. On June 21, 2011, I traveled with Robert Romig, another attorney with the OCW, to Dallas, Texas, where we interviewed Bertha Curry, Green's grandmother, at her residence. The interview lasted approximately half an hour.
5. At the interview, Mr. Romig and I asked her questions about her memories and knowledge of Green. She stated the following:
 a. She believed from his birth that Green had mental health issues, which she had warned his mother Mary about. She witnessed him talking to himself when no one else was around. However, he would deny it if she caught him doing it.
 b. When he was around the age of four, Green was abused by his father, Thomas Carter. Mrs. Curry witnessed Carter be physically

rough with Green, as well as be verbally abusive by calling him "soft" and a "bitch."

c. She saw Carter make Green fight his cousins on at least two occasions. Carter's sister brought her three daughters over and the adults made the children fight. Green ran to his room, but Carter pulled him back into the living room and made him fight.

d. Green's trial counsel spoke to her once. She remembers meeting three attorneys and a female investigator. That was her only interview.

e. She was never prepared for her testimony. She was told by Green's trial counsel that they wanted her to testify and to show up to the courthouse. She almost did not go because it was raining, and she does not drive in the rain. Someone had to come pick her up to bring her to the courthouse. The lead attorney took her aside for around three minutes just before she went on the stand and told her to talk about Green and to just answer any questions directly.

6. Following our interview, Mr. Romig and I traveled back to our headquarters in Austin, Texas. The next day, on June 22, 2011, I drafted a memorandum documenting our interview and recording Mrs. Curry's answers.

7. In December 2010, I learned from Green's mother, Mary Sampson, that Mrs. Curry had been killed in a car accident.
8. I have read and reviewed this three-page affidavit.

I declare under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge and that this affidavit was executed on the 12th day of June, 2012 in Austin, Texas.

B. P. Fayh
Brian P. Fayhee

Subscribed and sworn to before me on June 12, 2012.

Elizabeth Garza
Notary Public, State of Texas

ELIZABETH GARZA
Notary Public, State of Texas
My Commission Expires
APRIL 29, 2016
Notary without Bond

AFFIDAVIT OF BRIAN FAYHEE

I, Brian Fayhee, declare as follows:

1. My name is Brian Fayhee

2. I am currently an investigator for the Office of Capital Writs ("OCW"), in Austin, Texas. I have held this position from October 2010 to the present. In my capacity as an OCW investigator, I performed work on the Gary Green case.

3. On Friday June 1, 2012, I traveled to Garland, Texas to interview jurors who served on Mr. Green's capital jury.

4. While in Garland, I interviewed juror John Pozadzides, who served as the foreman on Green's jury. When Mr. Pozadzides answered his door, I introduced myself by name, stated I was an investigator for the OCW, and that our office represents Gary Green in his post-conviction proceedings.

5. I asked Mr. Pozadzides if he would be willing to speak to me about his service on the jury. Mr. Pozadzides was agreeable and let me enter his residence and we sat in his living room and spoke. The interview lasted about 45 minutes.

6. At the conclusion of the interview I asked Mr. Pozadzides if he would be willing to sign an affidavit reflecting the information we had just discussed. Mr. Pozadzides said he would sign an affidavit.

7. On Sunday June 3, 2012, I traveled back to Garland, Texas to see if Mr. Pozadzides would review an affidavit that had been drafted for his signature.

8. Mr. Pozadzides answered his door and greeted me in a friendly manner. I informed Mr. Pozadzides that I had an affidavit drafted based on our conversation on June 1, 2012. Mr. Pozadzides and I sat down in his living room while he read over the affidavit.

9. Mr. Pozadzides agreed that we did in fact have the conversation on Friday June 1, 2012, as set out in the affidavit, and the contents of the affidavit were accurate. However, Mr. Pozadzides did not want to sign the affidavit. He stated that he did not want to make a "declaration" based on only his opinions. He stated he would only sign an affidavit that had statements he felt were facts that he could prove.

10. While at Mr. Pozadzides house, I drafted a new affidavit, which Mr. Pozadzides signed. I again asked Mr. Pozadzides if the contents of the original affidavit were correct. He said "yes."

11. Attached below is the original affidavit that Mr. Pozadzides agreed to, but declined to sign.

12. I have read and reviewed this two-page affidavit.

I declare under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge and that this affidavit was executed on the 12th day of June 2012 in Austin, Texas.

Brian Fayhee
Brian Fayhee

Subscribed and sworn to before me on June 12, 2012.

Elizabeth Garza
Notary Public, State of Texas

ELIZABETH GARZA
Notary Public, State of Texas
My Commission Expires
APRIL 29, 2015

Notary without Bond

BF

1604

AFFIDAVIT OF JOHN POZADZIDES

I, John Pozadzides, declare as follows:

1. My name is John Pozadzides. I sat on the jury at the capital murder trial of Gary Green. I was the jury foreman.

2. I was interviewed at my home on June 1, 2012 by an investigator from the Office of Capital Writs. He explained to me that his office currently represents Gary Green on his post-conviction litigation.

3. During the trial I noticed that Green was in leg shackles. I do not remember the exact number of times I saw the shackles, but it happened more than once. I saw them whenever Green walked in and sat down. It was evident to me that Green was shackled.

4. Green's attorneys did not do a good job. They especially did not cover the mental health aspects of the case well. Green's mental illness is something I would have been open to hearing and considering if Green's attorneys had explained it better.

5. Green's attorneys should have explained how Green's mental health problems may have affected his behaviors to commit the crime. If they had explained this connection, I would have been open to hearing and considering that information.

6. The doctor who testified for Green did not do a good job for Green. He did not explain things well. He also did not support his claim that Green had mental health issues with any details or evidence. If the defense had given us evidence that Green was mentally ill, I would have been open to hearing and considering it.

7. One thing that was missing was evidence of Green's low IQ score. They mentioned it during the doctor's testimony. We asked for the IQ score the doctor talked about but they never gave it to us. We only saw the higher IQ score.

8. Green's attorneys did not explain mitigation very well at all. I would have been open to hearing and considering issues like child abuse and sexual abuse if they had been presented.

9. I would have liked it if Green's attorneys explained how Green's mental health connected to their other mitigation evidence. They did not show that at all. It would have helped me understand the information better and how I was supposed to use it to make a decision.

10. I have read and reviewed this two page affidavit.

I declare under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct to the best of my knowledge and that this affidavit was executed on the _____ day of _____ 2012 in Dallas, Texas.

John Pozadzides

Subscribed and sworn to before me on _____ 2012.

Notary Public, State of Texas



IN THE 337th DISTRICT COURT
VICTORIA COUNTY, TEXAS

STATE OF TEXAS	§	
	§	
-VS-	§	CAUSE NO. 05-3-21,628D
	§	
JOSE ISRAEL TEJEDA	§	

Affidavit of Dr. Kelly R. Goodness, Ph.D.

1. My credentials as they pertain to this case are as follows:

 - I am a clinical forensic psychologist, licensed to practice in the state of Texas.
 - I am qualified to conduct forensic evaluations in Texas as required by statute.
 - I am in private practice. My practice focuses solely on forensic cases (evaluation and treatment of individuals who have had, or are having, some interaction with the legal system be that in civil or criminal matters).
 - A large percentage of my practice involves the psychological evaluation of individuals who have committed, or who are charged with committing, murder. Moreover, the evaluation of capital murder defendants comprises a goodly amount of my forensic practice.
 - Before leaving to focus on my private practice, I spent over three years as the Chief Forensic Psychologist for the Behavior Management Treatment Unit of North Texas State Hospital – Vernon Campus, which is the only maximum-security forensic psychiatric hospital in the state of Texas. There, I treated the 40 - 60 individuals considered the most difficult, dangerous and violent psychiatric patients in the state of Texas.

- I teach forensic psychology (psychology as it relates to the law) at the University of Texas at Dallas, supervise postdoctoral fellows in clinical psychology, as well as mental health professionals in various phases of training.
- I have presented at both State and National conferences of forensic and mental health professionals concerning a variety of forensic issues, including mitigation investigations, psychological evaluations in death penalty cases, and the identification and management of dangerousness risk.
- I have provided psychological evaluation, treatment, and programming consultation services to forensic institutions and professionals throughout the state of Texas, as well as in other states.
- In the course of my training, employment with the State of Texas and my private practice as a Forensic Psychologist, I have evaluated over two thousand individuals.
- I have worked for the prosecution, for the defense and for the court without concern for which "side" I work, as I provide my honest, clinical opinion regardless of who hires me.
- My extensive forensic clinical experience provides me with a uniquely applicable knowledge base for forensic cases that is difficult to mimic or surpass in terms of the depth and breadth of my experience with unusual, damaged, heinous, dangerous, challenging or difficult to treat or evaluate individuals.

2. On January 22, 2005, I was on the faculty of a continuing education conference in Dallas, Texas, sponsored by Capacity for Justice, for mental health professionals entitled "Conducting Forensic Evaluations in Capital Cases."

3. This eight-hour conference covered several aspects of capital defense work which might require the assistance of a mental health expert, including competency to stand trial, competency to be executed; mental retardation; sanity; future dangerousness assessment, and mitigation evaluations.

4. As advertised in the brochure and on the website, this conference allowed participants to "partially fulfill the legally required 24 credit hours in forensic evaluations for court appointments, or meet a six hour biannual continuing education requirement, or an 8 hour grandfather clause requirement under the statutes on competency to stand trial and fitness to proceed to trial." The conference did not certify anyone to be a mitigation specialist, mitigation investigator or mitigation expert. To my knowledge, there is no such certification in Texas or anywhere else in the country.

5. Nor would this one day overview have been sufficient to acquaint a practicing psychologist, psychiatrist, or social worker with everything they need to know in order to begin work as a mitigation specialist. This eight hour conference provided an overview of mitigating themes in capital cases, ethical issues, and the roles of mitigation specialists, but included no practical instruction regarding the work of mitigation specialists and was not designed to serve that purpose.

6. Attendees who wished to conduct mitigation work were advised to seek the mentorship of a clinician well experienced in death penalty litigation before independently accepting appointments to death penalty cases. Moreover, attendees were advised that a great deal more training beyond that which they received in our seminar would be required to competently and ethically provide mitigation services in a death penalty case.

7. My presentation, which lasted a little more than two hours, was the only presentation devoted specifically to mitigation, and was entitled "Mitigation Evaluation Practices in Texas." During this presentation, I introduced a number of issues relevant to mental health experts participating in the preparation of a mitigation defense. These included reviewing the relevant case law; defining mitigation evidence; the need to clearly establish goals and boundaries with defense attorneys; distinguishing forensic mitigation evaluations from the mitigation investigation itself; and identifying the types of mitigating information which jurors may find useful in reaching a sentencing decision.

8. Although my presentation gave an overview of some of the core elements of mitigation evaluations and investigations, it did not provide the sort of in-depth, specific training that would be needed for a mental health professional to competently perform either task. As such, this training was not sufficient to prepare the attendees to serve as mitigation specialists in capital cases. Indeed, one of my primary points of emphasis in this presentation was the need to understand the distinction between a psychological evaluation performed for mitigation purposes and the mitigation investigation itself. The mitigation psychological evaluation is merely a component of the larger, overarching mitigation investigation required in capital cases.

9. One key point in my presentation was that, since there is no universal nomenclature to describe the various roles on a capital defense team, it is important for team members to reach a clear understanding of their expected roles. Regardless of whether they are called a "mitigation specialist" or a "mitigation investigator", or a "penalty phase investigator", it is universally accepted among capital defense organizations, and clearly spelled out in

the ABA Guidelines, that every capital defense team must include someone whose role is to identify, collect, and organize evidence in support of all potential mitigating factors. This person is most often not a testifying expert. As I explained to the class in Dallas, because mitigating themes include much more than mental illness, and the required data includes much more than a forensic diagnosis, the forensic psychological evaluation done for mitigation purposes is just one piece of the mitigation investigation.

10. As I explained to the class in Dallas, it is critical for mental health professionals to be clear from the outset of the case whether they are being retained as consulting experts or testifying experts. One might be qualified to do either, but may not do both in the same case.

11. Neither my presentation nor the entire seminar was meant to certify any of the attendees as mitigation specialists. Moreover, it would be irresponsible for any mental health professional who attended this conference to rely only on this seminar for "certification" as a mitigation specialist. The work of a capital mitigation specialist includes tracking down family, friends, teachers, neighbors, coworkers and other life history witnesses who may or may not want to be found; extensive collection of primary documents regarding at least three generations of a family; research into social science, cultural and environmental issues impacting the client's life; identification of the signs and symptoms of medical diseases and disorders, writing a compelling life history; preparing a compelling narrative of a life history that integrates themes drawn from every area of the client's life. Thus, this work does not fit neatly into the training of any particular profession, but draws upon the skills of investigators, social workers, lawyers, journalists,

academics and mental health professionals. Simply being trained as a mental health professional, forensic or otherwise, does not automatically qualify a person to serve as mitigation specialist. Whatever one's education and professional background, to fulfill the role of a mitigation specialist on a capital defense team, one must receive a great deal of training very specific to the unique combination of tasks required by the ABA Guidelines, and then maintain one's skills through continuing education specific to capital mitigation.

12. The Dallas training where I taught also advertised that an "Additional emphasis will be given to issues of linguistic and cultural competency and non-communicative examinees." As I stressed there, the validity of a psychological evaluation or mitigation investigation requires forensic evaluators and mitigation specialists to assess a defendant and their background within the context of their cultural background. Any forensic mental health professional should be advising the defense counsel with whom they work that the culture and language of the defendant must be taken into consideration when choosing mitigation specialists, forensic evaluators, and when conducting testing. Participants in the Dallas training should have learned that the language and culture of the defendant affects everything in the preparation of his or her mitigation case, including the appropriate testing, the manner in which the mitigation investigation is undertaken, the amount of time it takes to overcome "barriers to disclosure" and the most appropriate professionals to choose for the team.

I swear the foregoing is true and accurate to the best of my knowledge and belief,

Dr. Kelly Goodness, Ph.D.

SUBSCRIBED AND SWORN to before me this 11 day of August 2006.

Notary Public
My Commission Expires: 3/7/2010

JONATHAN ALEXANDER
Notary Public
STATE OF TEXAS
My Comm. Exp. 03-07-10

Mitigation Evaluation Practices in Texas

Presented by:
Kelly R. Goodness, Ph.D.
Dr. Kelly R. Goodness & Associates

Today's Agenda

I. Responsibilities: Jury, Prosecutor, Defense

II. Develop a Common Nomenclature

III. Practical Aspects of Mitigation

IV. Mitigation Defense Models

V. Ethical Issues and Special Considerations

Capital Offenses and DP Trials

I. Capital Crimes

- Aggravating Factors in Texas
 - Against a peace officer or fireman
 - Multiple murders (same or related crime)
 - Against victim under 6 years of age
 - During the commission of another felony
 - Or conspired to commit murder for financial gain
 - While escaping or attempting to escape from prison
 - While in prison, killed prison employee or for profit
 - While incarcerated for murder or another first degree felony
- Determination of death specification

Capital Trials in Texas

- Death qualified jurors
- Bifurcated trial structure

Responsibilities: Plenty to Go Around

I. Jury Charge

1) Future Dangerousness

2) Intention (if charged under the law of parties)

3) Mitigating Circumstances

Texas Code of Criminal Procedure

(a) Whether, taking into consideration all of the evidence, including the circumstances of the offense, the defendant's character and background, and the personal moral culpability of the defendant, there is a sufficient mitigating circumstance or circumstances to warrant that a sentence of life imprisonment rather than a death sentence be imposed.

(b) The jury shall consider mitigating evidence to be evidence that a juror might regard as reducing the defendant's moral blameworthiness.

Supreme Court Decisions

- *Atkins v. Virginia*, 260 Va. 375 (2002)
 - Executing MR = cruel and unusual punishment
- *Eddings v. Oklahoma*, 455 U.S. 104 (1982)
 - No death sentence without "individualized consideration of mitigating factors."

- *Gregg v. Georgia*, 428 U.S. 153 (1976)
 - The judge should consider or instruct the jury to consider "any mitigating circumstances or aggravating circumstances otherwise authorized by law
- *Lockett v. Ohio*, 438 U.S. 586 (1978)
 - "...any aspect of the defendant's character or record and any of the circumstances of the offense that the defendant proffers as a basis for a sentence less than death."

- *Penry v. Lynaugh*, 492 U.S. 1 (1989)
 - MR = mitigating factor. It is vital for jury to have "a reasoned moral response to the defendant's background, character, and crime."
- *Skipper v. South Carolina*, 476 U.S. 1 (1986)
 - Right to present "all relevant evidence" in mitigation of punishment

- *Wiggins v. Smith*, 539 U.S. 510 (2003)
 - "Strategic" decisions about mitigation require a mitigation investigation
- *Williams v. Taylor*, 529 U.S. 362 (2000)
 - "...counsel's failure to uncover and present voluminous mitigating evidence at sentencing could not be justified as a tactical decision."

Purpose of the Jury Charge

1) Justice
2) Protection of Society
3) Due Process

Means by which the jury's charge is carried out

1) *All* Testimony
2) Inference
3) Observations
4) Expert Testimony
4) Deliberation

Prosecuting Attorney Charge

1) Offense Determination
2) Identify Aggravating and Mitigating Factors
3) Determine Appropriate Punishment Request
4) Provide Discovery in a Timely Manner
5) Accurately Present Evidence
6) Integrate, Utilize, and Present Aggravating Information from Jury Selection to Case Conclusion

Purpose of the Prosecutor's Charge

1) Protection of Society
2) Justice

Means by which some of the prosecutor's charge is carried out

1) Investigation of the Offense
2) Knowledge / Investigation of the Defendant's Life Circumstances and Background
3) Victim / Surviving Family's Wishes

Defense Attorney Charge

1) Assemble a Defense Team
 (a) Includes no fewer than two qualified attorneys, an investigator, and a mitigation specialist
 (b) At least one member qualified by training and experience to screen for psychological issues

2) Independently Investigate the Factual Basis of the Charge(s)
 (a) Purpose
 - Substantiate facts in evidence
 - Challenge the prosecutor's version of the offense
 - Investigate affirmative and partial defenses
 (i) Self-defense
 (ii) Insanity
 (iii) Lesser included offenses
 - May serve as mitigation information

(b) Means by which the factual investigation is carried out

- Private Investigator
- Attorney/Paralegal
- Forensic Evidence Examiners
- Forensic Psychologist or Psychiatrist – for Mental State at the time of the Offense issues

3) Investigate Sentencing/Mitigation Issues

(a) Purpose

- Rebut the prosecution's case in favor of the death penalty
- Present the best possible case in favor of a sentence other than death
- Due Process/Prevent cruel and unusual punishment
- Due Diligence

(b) Means by which the sentencing/ mitigation investigation may be carried out

- Defense Attorneys Remain Responsible
- Factual Investigation
- *Intensive* Study
- A Legion of Participants

4) Integrate, Utilize, and Present Mitigation Information from Jury Selection to Case Conclusion

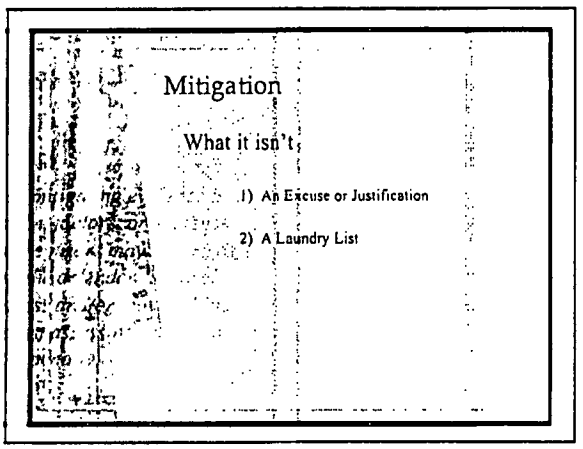
- Determine what mitigation to present, when, and how
 - (i) Voir Dire
 - (ii) Guilt/Innocence
 - (iii) Punishment

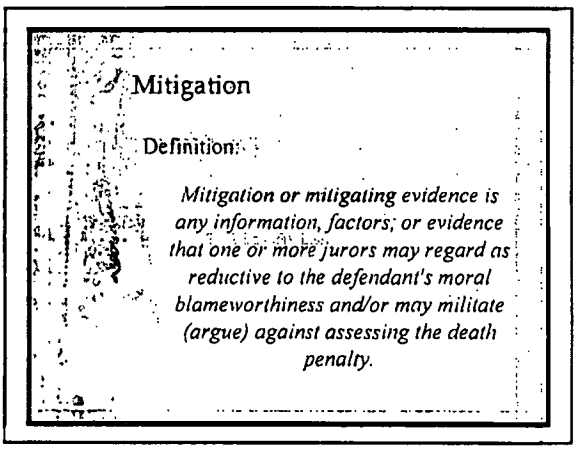
Nomenclature Matters:
Aspects of a Mitigation Defense

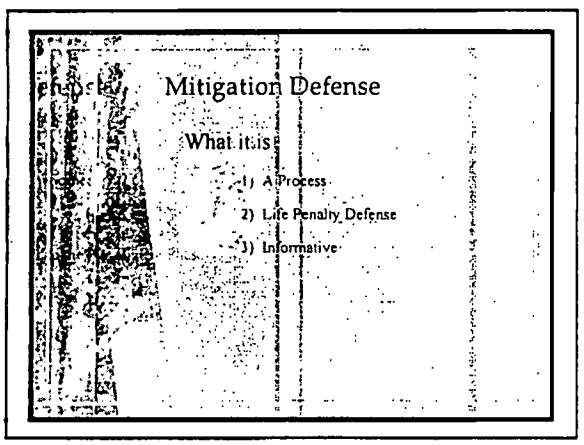
Mitigation

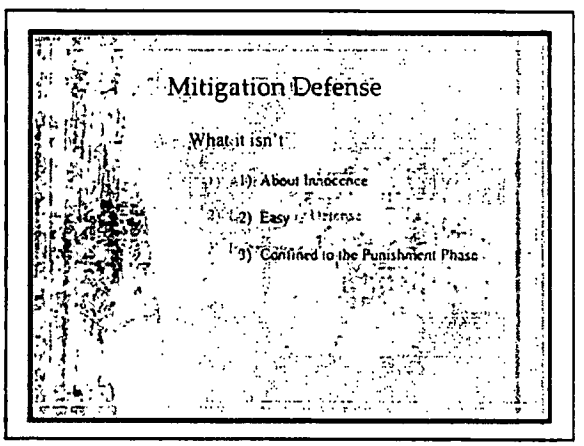
What it is

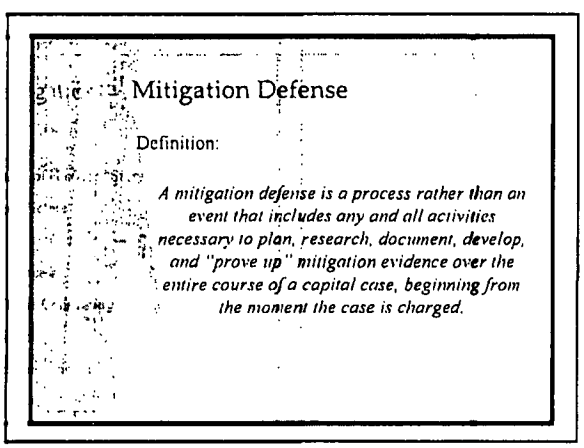
1) Mitigation is Nebulous
2) Open to Interpretation
3) Case Dependant
4) Difficult to Recognize
5) In the Eye of the Beholder
6) True/Verifiable

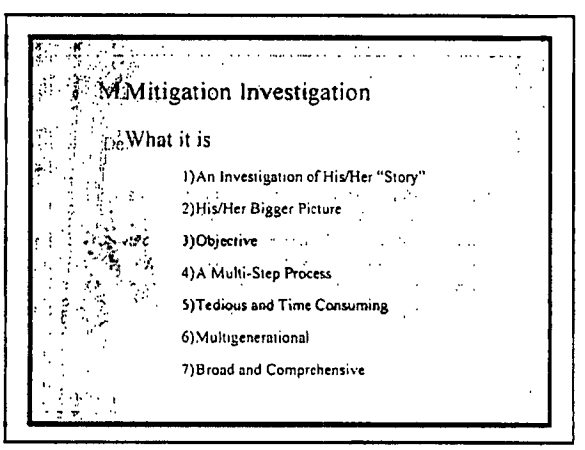

Mitigation
What it isn't
1) An Excuse or Justification
2) A Laundry List

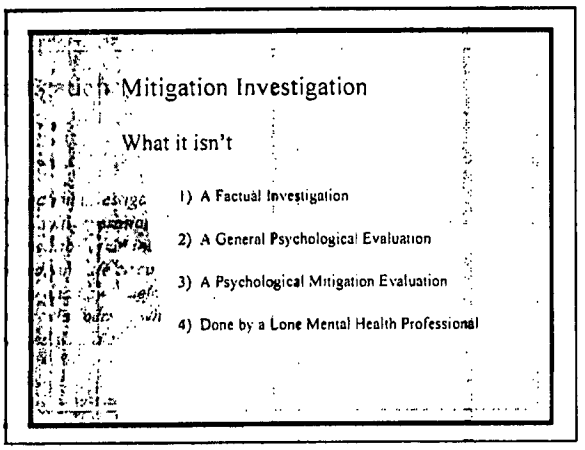

Mitigation
Definition:
Mitigation or mitigating evidence is any information, factors, or evidence that one or more jurors may regard as reductive to the defendant's moral blameworthiness and/or may militate (argue) against assessing the death penalty.

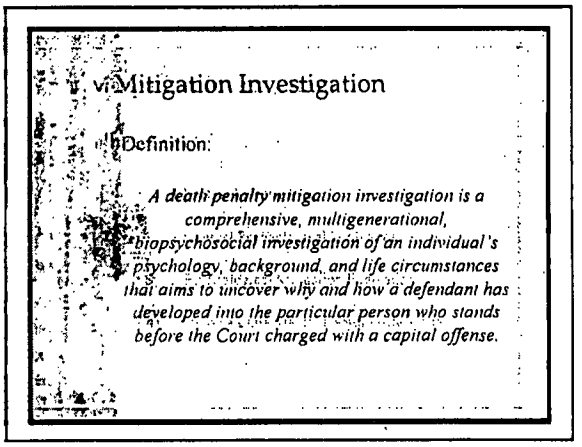

Mitigation Defense
What it is
1) A Process
2) Life Penalty Defense
3) Informative

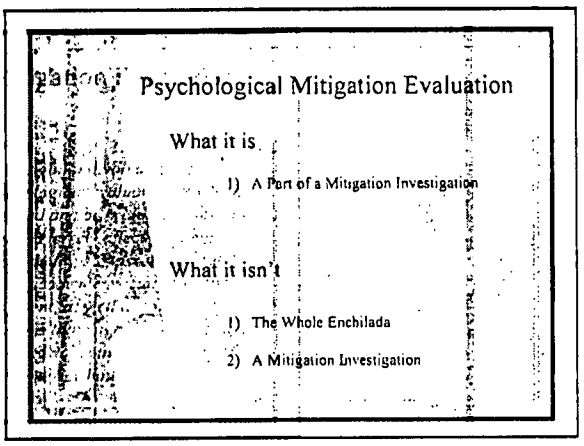

Mitigation Defense
What it isn't
1) About Innocence
2) Easy
3) Confined to the Punishment Phase

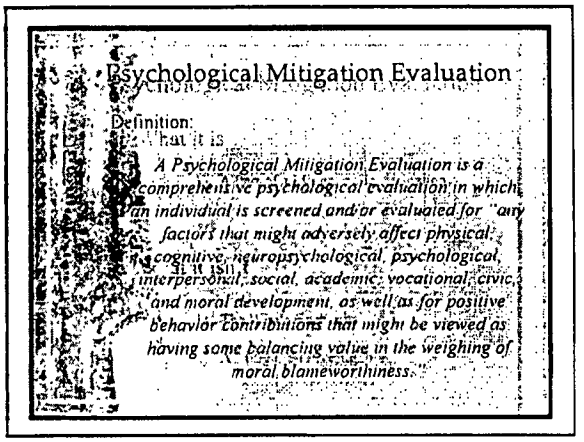

Mitigation Defense
Definition:
A mitigation defense is a process rather than an event that includes any and all activities necessary to plan, research, document, develop, and "prove up" mitigation evidence over the entire course of a capital case, beginning from the moment the case is charged.

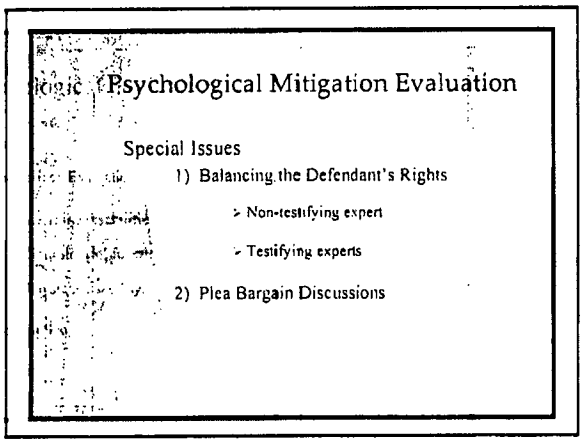

Mitigation Investigation
What it is
1)An Investigation of His/Her "Story"
2)His/Her Bigger Picture
3)Objective
4)A Multi-Step Process
5)Tedious and Time Consuming
6)Multigenerational
7)Broad and Comprehensive

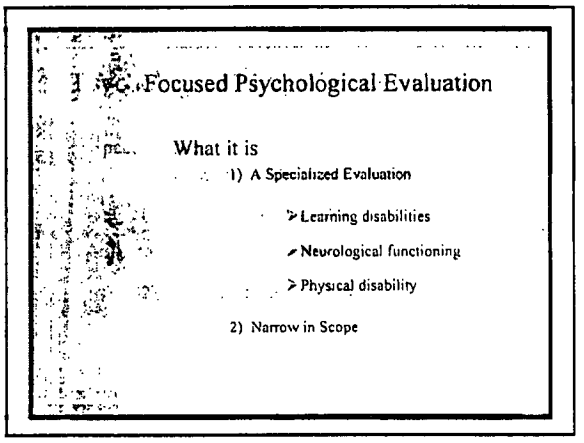

Mitigation Investigation
What it isn't
1) A Factual Investigation
2) A General Psychological Evaluation
3) A Psychological Mitigation Evaluation
4) Done by a Lone Mental Health Professional

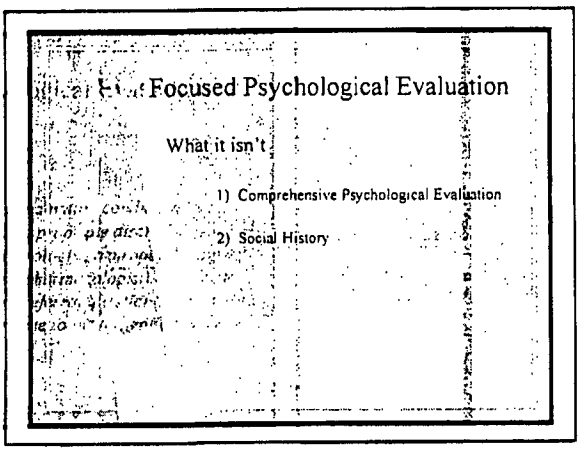

Mitigation Investigation
Definition:
A death penalty mitigation investigation is a comprehensive, multigenerational, biopsychosocial investigation of an individual's psychology, background, and life circumstances that aims to uncover why and how a defendant has developed into the particular person who stands before the Court charged with a capital offense.

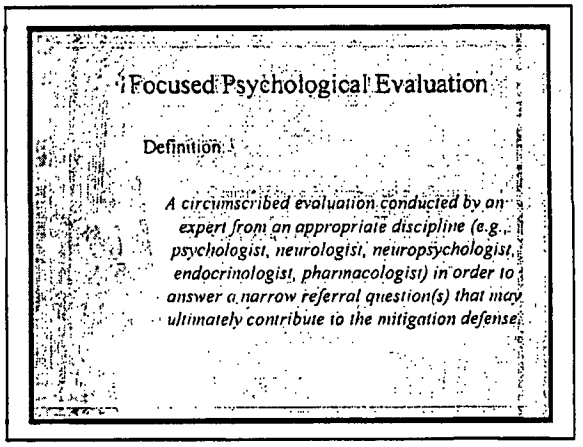

Psychological Mitigation Evaluation
What it is
1) A Part of a Mitigation Investigation
What it isn't
1) The Whole Enchilada
2) A Mitigation Investigation

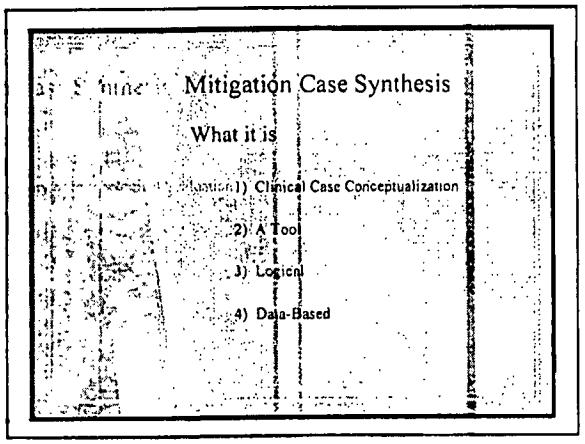

Psychological Mitigation Evaluation
Definition:
What it is
A Psychological Mitigation Evaluation is a comprehensive psychological evaluation in which an individual is screened and/or evaluated for "any factors that might adversely affect physical, cognitive, neuropsychological, psychological, interpersonal, social, academic, vocational, civic, and moral development, as well as for positive behavior contributions that might be viewed as having some balancing value in the weighing of moral blameworthiness."

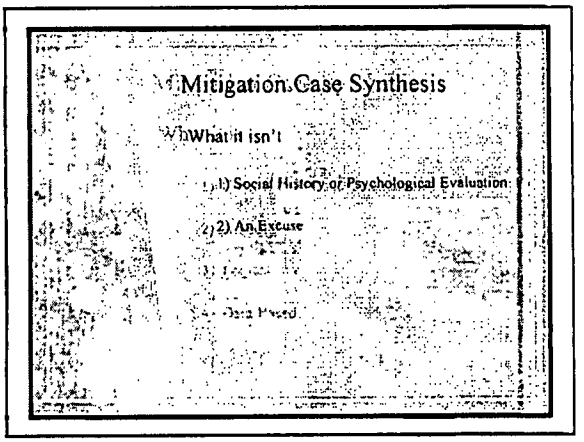

Psychological Mitigation Evaluation
Special Issues
1) Balancing the Defendant's Rights
Non-testifying expert
Testifying experts
2) Plea Bargain Discussions

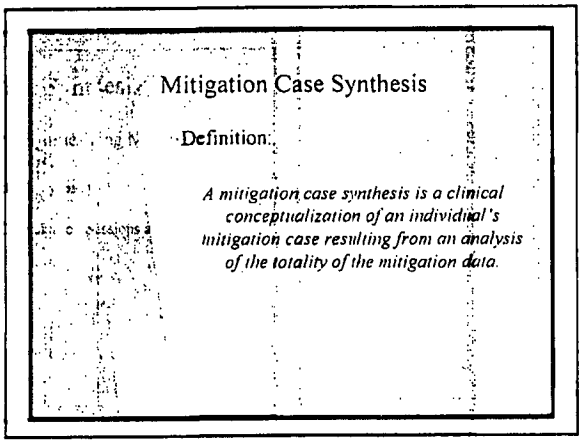

Focused Psychological Evaluation
What it is
1) A Specialized Evaluation
Learning disabilities
Neurological functioning
Physical disability
2) Narrow in Scope

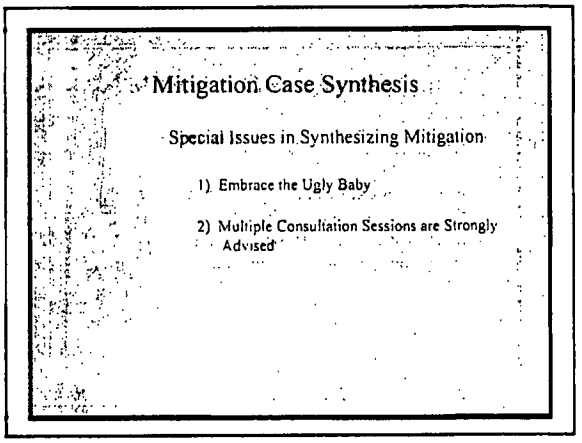

Focused Psychological Evaluation
What it isn't
1) Comprehensive Psychological Evaluation
2) Social History


Focused Psychological Evaluation
Definition:
A circumscribed evaluation conducted by an expert from an appropriate discipline (e.g., psychologist, neurologist, neuropsychologist, endocrinologist, pharmacologist) in order to answer a narrow referral question(s) that may ultimately contribute to the mitigation defense.


Mitigation Case Synthesis
What it is
1) Clinical Case Conceptualization
2) A Tool
3) Logical
4) Data-Based


Mitigation Case Synthesis
What it isn't
1) Social History or Psychological Evaluation
2) An Excuse


Mitigation Case Synthesis
Definition:
A mitigation case synthesis is a clinical conceptualization of an individual's mitigation case resulting from an analysis of the totality of the mitigation data.


Mitigation Case Synthesis
Special Issues in Synthesizing Mitigation
1) Embrace the Ugly Baby
2) Multiple Consultation Sessions are Strongly Advised

Your task: "Mitigation" – Practically Speaking

I. The Diathesis-Stress Model

II. Human Complexity

A. No simple answers

B. No single reason

C. People are the sum and interaction

D. Describing the defendant's complexity is "mitigation"

III. Know your role, your task, and your place

i. The Diathesis-Stress Model

A. Only jurors determine what mitigation actually is

ii.

B. What jurors want to know

1) Who the defendant is

2) How he got to be the person he is

3) How his background and psychological makeup relate to his involvement in the offense/the defendant's complexity is

4) How these relate to the offense

IV. Specific data germane to mitigation

A. Resources

1) U.S. Department of Justice - http://www.ojp.usdoj.gov/

2) National Criminal Justice reference Service - http://virlib.ncjrs.org/Juvenile/justice.asp

3) Eisenberg's list 500+ items!

V. A sampling of categories

Systemic

- Family
- Social/societal
- Institutional failure
- Cultural norms
- Neighborhood

Multigenerational

- The sins of the father

Developmental

- Age
- Toxic Exposure
- In utero
- Lead exposure
- Attachment
- Maturity

Moral development

- Emotional development
- Intellectual development

Interpersonal

- Relational

Psychological

- Good person evidence
- Fair

Offense related

- Not "the shooter"
- Residual doubt

Economic

- Financially responsible

Environmental

- Gang neighborhood

Substance Abuse

Cultural

Academic

Parenting

VI. Typical Mitigation Work Flow

A. Historical Records Analysis - A thorough review of almost any obtainable record on the defendant

B. Psychological Evaluation / Defendant Interviews

(a) Mental illness / mental defect

- Assessing / screening for mental illness, mental retardation, brain damage, personality functioning and his social history is developed with an emphasis on obtaining antidotal information.
- What in the defendant's neurological or psychological make-up made him or her susceptible to commit this crime and at the same time helps counsel in assessing the defendant's actual role in the offense?

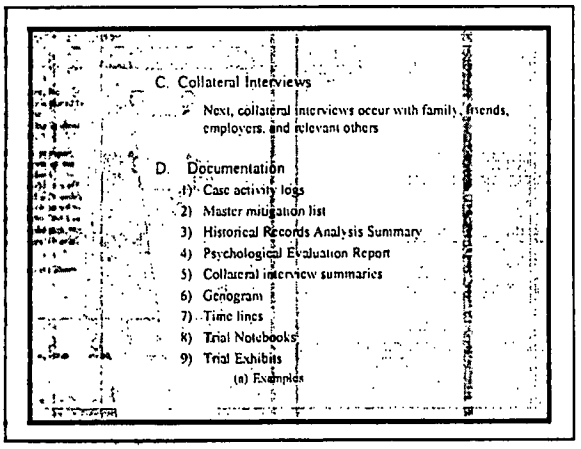
VI. Typical Mitigation Work Flow

(b) Offense and arrest

- An evaluation of the individual's mental state at the time of the offense is often a part of a mitigation investigation. Issues of insanity are certainly considered, but so are lesser mental state issues.
- What was the state of mind and the behavior of the defendant before, after and during the offense?

B

- What was the relationship between the defendant and the victim?
- Was the defendant in any way threatened by the victim or had the victim injured the defendant in any way? Did they have a healthy relationship or was it dysfunctional or perverse?
- What was the relationship between the defendant and the co-defendant(s)? Domination, unduly influential...
- Was the defendant cooperative with the police and their investigation?

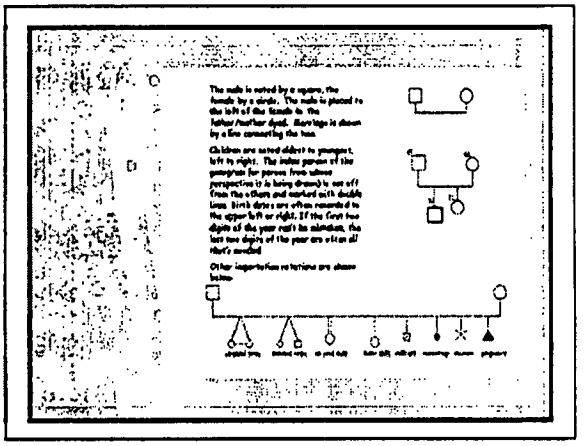


C. Collateral Interviews

- Next, collateral interviews occur with family, friends, employers, and relevant others

D. Documentation

1) Case activity logs
2) Master mitigation list
3) Historical Records Analysis Summary
4) Psychological Evaluation Report
5) Collateral interview summaries
6) Genogram
7) Time lines
8) Trial Notebooks
9) Trial Exhibits
 (a) Examples



Bubba Doe

Multi-Generational Family Dysfunction

- Chaotic home environment
- Teenage pregnancy
- Multi-generational criminality / imprisonment
- Pervasive familial drug abuse

Insecure and Unstable Parental Relationships

- Absent, neglectful parents
- Poor parenting skills

Devaluing Family Relationships

- Devalued through physical abuse and neglect
- Frequent changes in caregivers

Lack of Structure, Supervision or Guidance

- Little useful adult oversight
- Lack of a positive male role model

Grim Neighborhood Environment & Negative Neighborhood Expectations

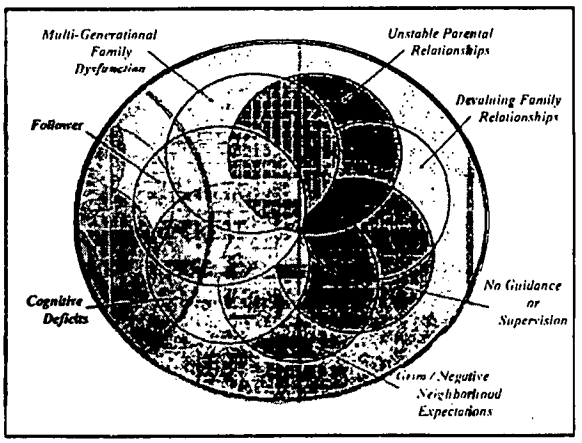
- Poverty
- High crime / regular exposure to violence
- Drugs and firearms readily available
- Prison as a right of passage

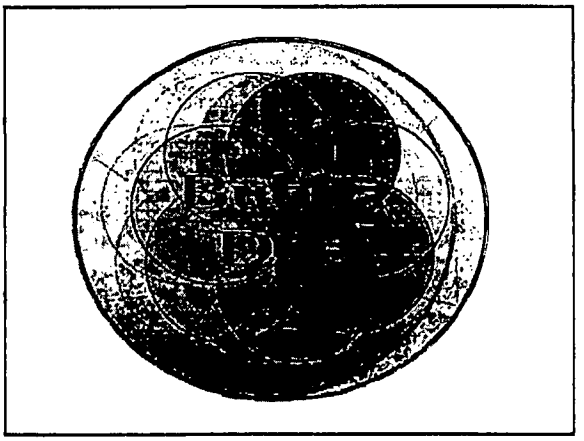
Cognitive Deficits

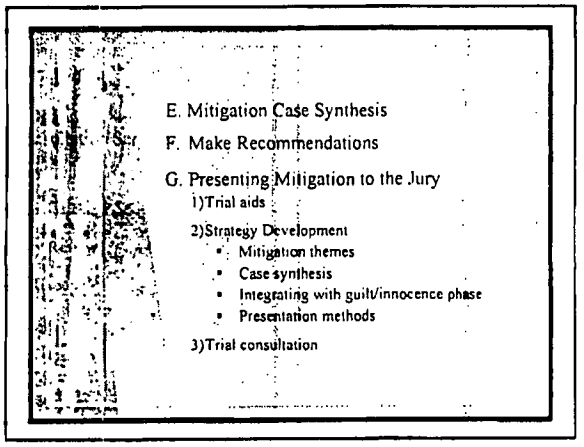
- Low IQ
- Learning Disorders
- Neurological Deficits
- Youth

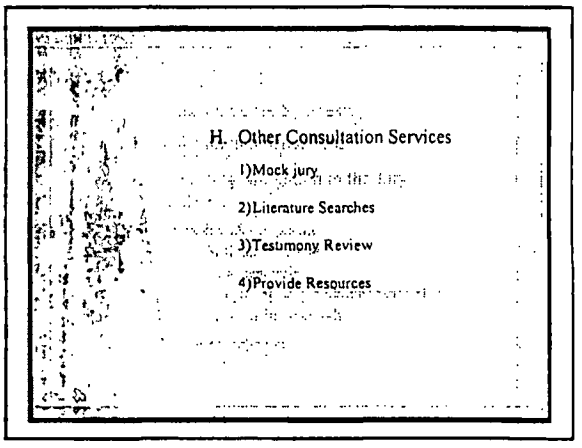
Follower

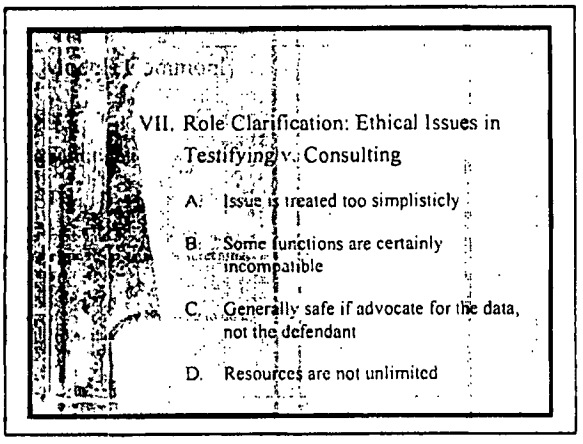
- Influential Severely Delinquent Co-Defendant

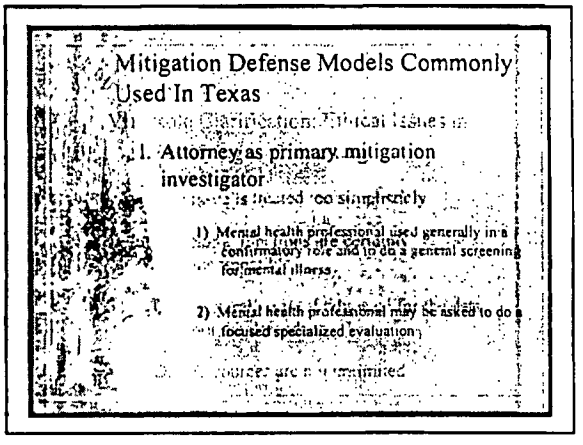


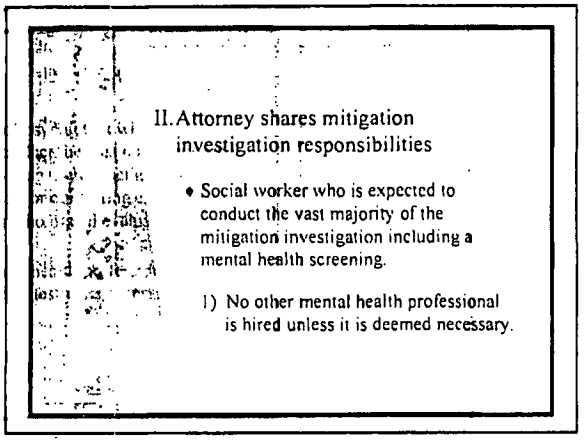


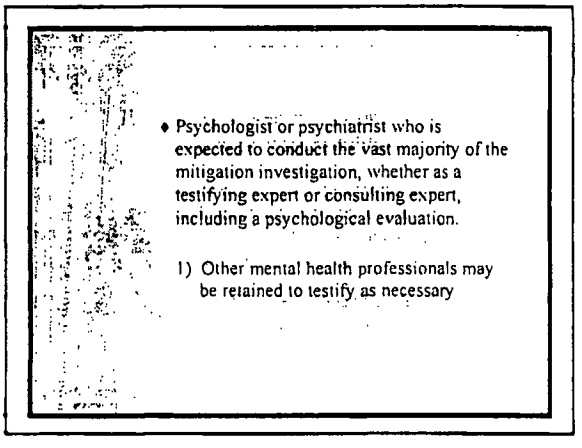

E. Mitigation Case Synthesis
F. Make Recommendations
G. Presenting Mitigation to the Jury
1)Trial aids
2)Strategy Development
Mitigation themes
Case synthesis
Integrating with guilt/innocence phase
Presentation methods
3)Trial consultation


H. Other Consultation Services
1)Mock jury
2)Literature Searches
3)Testimony Review
4)Provide Resources


VII. Role Clarification: Ethical Issues in Testifying v. Consulting
A. Issue is treated too simplistically
B. Some functions are certainly incompatible
C. Generally safe if advocate for the data, not the defendant
D. Resources are not unlimited


Mitigation Defense Models Commonly Used In Texas
I. Attorney as primary mitigation investigator
1) Mental health professional used generally in a confirmatory role and to do a general screening for mental illness.
2) Mental health professional may be asked to do a focused specialized evaluation.


II. Attorney shares mitigation investigation responsibilities
Social worker who is expected to conduct the vast majority of the mitigation investigation including a mental health screening.
1) No other mental health professional is hired unless it is deemed necessary.


Psychologist or psychiatrist who is expected to conduct the vast majority of the mitigation investigation, whether as a testifying expert or consulting expert, including a psychological evaluation.
1) Other mental health professionals may be retained to testify as necessary

- Several mental health professionals are retained to conduct various portions of the mitigation investigation.

1) The mental health professionals may have no knowledge of what anyone else is suppose to be doing.

2) One mental health professional may have full knowledge of everyone's work product and have the responsibility of providing a case synthesis

3) Each professional is assigned specific tasks with the attorney's assuming responsibility for any case synthesis that may occur

III. Mental health professional should be death qualified

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Relevant Death Penalty Case Law

Apprendi v. New Jersey, 500 U.S. 466 (2000)
Atkins v. Virginia, 260 Va. 375 (2002)
Barefoot v. Estelle, 463 U.S. 880 (1983)
Branch v. Texas, 490 S.W.2d 893 (1972)
Coker v. Georgia, 433 U.S. 584 (1977)
Eddings v. Oklahoma, 455 U.S. 104 (1982)
Estelle v. Smith, 451 U.S. 454 (1981)
Ford v. Wainwright, 106 S. Ct. 2595 (1986)
Furman v. Georgia, 408 U.S. 238 (1972)
Gilmore V. Utah, 429 U.S. 1012 (1976)
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Jurek v. Texas, 428 U.S. 153 (1976)
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Penry v. Lynaugh, 492 U.S. 1 (1989)
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Skipper v. South Carolina, 461 U.S. 1 (1986)
Stanford v. Kentucky, (2002)
U.S. v. Barnette, 211 F.3d 803 (2000)
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CERTIFICATE OF SERVICE

I, the undersigned, declare and certify that I have served the foregoing Exhibits 1-46 to Initial Application for a Writ of Habeas Corpus by hand to:

District Clerk
Of Dallas County, Texas
133 N. Riverfront Blvd.
Dallas, Texas 75207
(Original and 1 Copy)

Honorable Judge Andy Chatham
282nd Judicial District Court
Frank Crowley Courts Building
133 N. Riverfront Blvd.
Dallas, Texas 75207
(Courtesy Copy)

Dallas County District Attorney
Attn: Lisa Smith
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Dallas, Texas 75207
(One Email Copy per request)

By mail to:

Gary Green
Polunsky Unit TDCJ #999561
3872 FM 350 South
Livingston, Texas 77351
(One Copy)

This certification is executed on June 15, 2012, at Austin, Texas.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Robert Romig
ROBERT ROMIG

The State of Texas §
§
County of Dallas §

I, Felicia Pitre, Clerk of the District Courts of Dallas County, Texas, do hereby certify that the documents contained in this record to which this certification is attached are all of the documents specified by Texas Rule of Appellate Procedure 34.5(a) or Code of Criminal Procedure Section 11.07(3)(a) including all other documents timely requested by a party to this proceeding under Texas Rule of Appellate Procedure 34.5(b), and that have been filed with the trial court clerk, and unless otherwise indicated in this record.

GIVEN UNDER MY HAND AND SEAL at my office in Dallas County, Texas, on this January 5, 2015.

Clerk Signature: Ana McDaniel

Name ANA McDANIEL
Deputy District Clerk

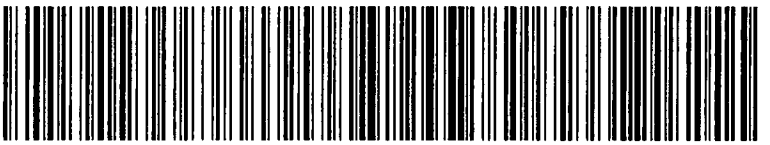
APPLICANT GARY GREEN **APPLICATION NO.** 81,575-01

11.071 APPLICATION
FOR WRIT OF HABEAS CORPUS XXX

11.071 APPLICATION FOR WRIT OF HABEAS DENIED WITH WRITTEN ORDER.

JUDGE **DATE**

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EX PARTE:

GARY GREEN

CAUSE NO.: W09-59380-S (A)

IN THE 282nd JUDICIAL DISTRICT

COURT OF DALLAS COUNTY, TEXAS

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POST CONVICTION WRIT OF HABEAS CORPUS

(ART. 11.07, V. A. C. C. P.)

DEATH PENALTY

VOLUME ONE

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EX PARTE:	CAUSE NO: W09-59380-S (A)
	IN THE 282nd JUDICIAL DISTRICT
GARY GREEN	COURT OF DALLAS COUNTY, TEXAS

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W09-59380-S (A)

EX PARTE: **APPLICATION FOR WRIT OF HABEAS CORPUS**

GARY GREEN **IN THE 282nd JUDICIAL DISTRICT**

COURT OF DALLAS COUNTY, TEXAS

CLERK'S COVER SHEET

Applicant's Name: Gary Green

Offense: Capital Murder Multiple

Case No.: F09-59380-S

Plea to Offense: Not Guilty

Sentence: Death; TDCJ; Fine: $-0- ; Court Costs: $240.00

Trial Date: November 5, 2010

Judge's Name: Judge Andy Chatham

Appeal: Yes

Court of Appeals Cause Number: AP-76,458

Court Reporter: Darline Labar & Joseph Phillips

Hearing Held: No
(Pertaining to the Application for Writ)

Findings of Fact & Conclusions Filed: Yes

Recommendation: Deny

Judge's Name: Judge Amber Givens-Davis
(If different from Trial Judge)

Name of Counsel if Applicant is Represented: Brad D. Levenson

FILED
2012 JUN 15 PM 2:37
GARY FITZSIMMONS
DISTRICT CLERK
DALLAS CO., TEXAS
DJ DEPUTY

IN THE 282ND JUDICIAL DISTRICT COURT
DALLAS COUNTY, TEXAS

EX PARTE Gary Green, APPLICANT	)	Trial Cause No. F09-59380-S

INITIAL APPLICATION FOR A WRIT OF HABEAS CORPUS (FILED PURSUANT TO TEX. CODE CRIM. PROC. ART. 11.071)

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